



INJURY REPORT

Player Info	Name: _____ Age: _____ Address: _____ Phone #: _____ Division: _____ Team: _____ Manager: _____ Parent/Guardian Notified? Y / N 911 Called? Y / N
Time, Date, and Location	Date: ____ / ____ / ____ Time: _____ AM / PM Name of Field / Park: _____ Where on Field / Park: _____
Accident / Injury Description	Include and statements by injured party (attach additional pages as necessary): _____ _____ _____
Field Conditions	Circle: Sunny Dry Windy Dusk Cold Cloudy Drizzle Mud Lights Hot Other: _____
Type of Injury	Circle: Fracture Sprain Dislocation Cut Concussion Other: _____
Injury Location	Circle: Right Left Upper Middle Lower Front Back Head Neck Shoulder Arm Elbow Wrist Hand Finger Chest Hip Thigh Knee Calf Ankle Foot Toe Other: _____
Destination	Circle: Hospital Home Parent With (Name): _____
Transportation	Circle: Ambulance Personal Auto Other: _____

Person Preparing Report (Please Print): _____ Phone: _____

Signature: _____ Date: _____

CGSA Only: Date Filed: ____ / ____ / ____

Medical Release Date: ____ / ____ / ____

Date Reviewed: ____ / ____ / ____

Notes: _____