



LOU GEHRIG YOUTH BASEBALL & SOFTBALL
INJURY REPORT

Purpose:

The purpose of this form is to report injuries to the league. The Safety Director and or Insurance Rep will use this report to contact the injured party / injured party's family to explain the league's insurance responsibility. The Board of Directors will use the report to access safety issues.

Instructions:

1. The form must be completed the Team Manager for any injury to a player / coach which gets injured from a game or practice.
2. Within 24 hours of the injury, please complete this form and send to the safety director. Copies to the level coordinator as well.

Player – Yes / No Coach / Manager – Yes / No Other _____
Date of Accident: _____ Time of Accident: _____
Field / Place Where Accident took Place: _____

INJURED PERSONS INFO:

Full Name: _____ Age: _____

Parent Name _____

Address: _____

Daytime Phone Number _____ Cell Number _____

Email Address (best one to reach) _____

Managers Name _____ Managers Phone: _____

Baseball / Softball Level _____

Describe the accident in detail :

Type of Injury: _____

CONCUSSION: YES / NO

Fire Dept. / Ambulance Called: YES / NO Person Taken to the Hospital / Urgent Care: YES / NO
If Yes, Which Hospital / Urgent Care: _____

Manager Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please email to send to: **LGYBSBOARD@GMAIL.COM**

