



Cypress Youth Baseball Injury Report

Name of Injured Person _____ Age _____

Injury Date _____ Time of Injury _____

Team _____ Division _____

Significance of Injury: ___ Insignificant ___ Serious ___ Critical ___ Life Threatening

Injury Occurred During: ___ Practice ___ Game ___ Other

Describe Injury: _____

Was there a Loss of Consciousness? ___ YES ___ No

Describe how the injury was dealt with: _____

Nature of injury report: ___ Informational only- no action needed
___ Unknown- Please contact parent for follow up
___ Action Needed- Possible claim

When was the parent/guardian contacted? _____

Who contacted parent/guardian? _____

Name of Person completing this form: _____

Signature: _____ Date: _____

Team Manager Signature: _____ Date: _____

Division Commissioner Signature: _____ Date: _____

Safety Officer Signature: _____ Date: _____