

Email or turn in copy to:

BPBA President Jacquelyn Simon, [Simon476@comcast.net](mailto:Simon476@comcast.net)

**Brooklyn Park Baseball**

**INJURY REPORT**

Player Name \_\_\_\_\_ Team \_\_\_\_\_ Level \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Description and mechanism of injury \_\_\_\_\_

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Date of injury \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

Original injury \_\_\_\_\_ Re-injury \_\_\_\_\_

Referred to Emergency \_\_\_\_\_ Referred to Physician \_\_\_\_\_ Other \_\_\_\_\_

Treatment and handling: \_\_\_\_\_

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Signed \_\_\_\_\_ Date \_\_\_\_\_