PART III – TO BE COMPLETED BY AUTHORIZED TEAM OFFICIAL

AMERICAN YOUTH FOOTBALL - INJURY REPORT - 2011 SEASON

(For FOOTBALL injuries which occur between 06-30-2011 and 06-29-2012)

	Name of Injured Person:		Name of Insured Organization:	
	Name of Team Official Completing This Form:		Day Phone # Team Official	
	Please Complete Separate Form If Injury Is To Cheerleader			
A .	INJURED PERSON IS: (Football Player) (Coach)		N. LOCATION WHERE INJURY OCCURRED:	
В.	AGE OF INJURED PERSON:		(1) On Field (4) Spectator Area (2) End Zone (5) Locker Room	
	GENDER OF INJURED PERSON: (Male) (Female)		(3) Sidelines (6) Other:	
	DATE OF INJURY:		O. SITUATION (PHYSICAL CAUSE OF INJURY): (1) Blocked by player (8) Fell on/stepped on by player	
	AYF DIVISION AND CLOSE (1) Tackle 9 & Under (2) Tackle 12 & Under PLAYER SELECTION: (1) All who register play, No	ST AGE GROUP: (3) Tackle 15 & Under (4) Flag/Touch Ages 5-15 Cuts	(1) Blocked by player (2) Blocked from behind (3) Blocking player (4) Tackled by player (5) Tackling player (6) Collided with opponent (7) Collided with teammate P. PRINCIPAL BODY PART INJURED:	
G.	 (2) Selected at tryouts, Some WEIGHT CATEGORIES: (1) None/Unlimited (2) Weight Limits Apply For A (3) Weight Limits Only Apply 	II Players	(1) Eye(s) (10) Stomach (19) Wrist (2) Ear(s) (11) Hip (20) Hand (3) Nose (12) Groin (21) Finger(s)/Thumb (4) Cheek (13) Back (22) Thigh (5) Chin (14) Neck (23) Shin	
I.	(Significantly Below Average) WAS INJURY IMPACTED BY	Average) (Above Average) (Significantly Above Average) COLLISION WITH A PLAYER	(6) Jaw (15) Shoulder (24) Knee (7) Mouth/teeth (16) Upper Arm (25) Ankle (8) Head (17) Elbow (26) Foot (9) Chest (18) Forearm (27) Other: Q. PRIMARY TYPE OF INJURY: (1) Cut/Scrape (6) Concussion	
WI	'HO WAS OVER 35 LBS HEAVER THAN INJURED PLAYER? (Yes) (No) TYPE OF PLAY DURING INJURY:		(2) Bruise/Contusion (7) Heat Illness (3) Joint Sprain (8) Dental	
(1)	Offense	(6) Defending Field Goal/Extra Point	(4) Dislocation (9) Pulled Muscle (5) Fracture (10) Other:	
` '	Defense Kicking off	(7) Punting	R. DISPOSITION: (ambulance) (auto to hospital)	
(4)	Receiving Kick off	(8) Receiving Punt (9) Other:	(on site cure only) (unknown) (other:	
(5)	Kicking Field Goal/Extra Point		S. ABSENCE FROM PLAY: (none) (< 1 week)	
K.	POSITION PLAYED AT TIME OF INJURY:		(1-3 weeks) (3+ weeks) (unknown) (other	
(2) (3)	Offensive Line Quarterback Running Back Receiver	(10) Place Holder(11) Punter(12) Kick off Returner(13) Punt Returner	T. SPECIAL CIRCUMSTANCES: (1) Penalty: (Against Injured Person) (Against Opponent) (2) Safety Equipment Not Used That Could Have Prevented Injury:	
(5)		(14) Kick off Return Blocker	(3) Safety Equipment Contributed To Injury:	
(6) (7)	Linebacker Secondary	(15) Kick off Tackler	(4) Improperly Maintained Field/Facility:	
	Kicker-Kick off	(16) Punt Return Blocker(17) Punt Tackler	(Rock on Field) (Hole/Rut) (Slippery Area) (other:)	
(9) L.	9) Kicker-Field Goal/Extra Point (18) Other: (5) Weather Conditions Contribut		(5) Weather Conditions Contributed To Injury:	
(1)	Traveling to/from game or practice (6) Practice: (Early) (Mid) (Late)		(II) DESCRIPE HOW IN HID VIA PRINTED (D)	
(2)	Before game or practice After game or practice Game: quarter	(7) Practice under game conditions(8) Non-sport outing	(U) DESCRIBE HOW INJURY HAPPENED: (Please be specific)	
(5)	Halftime	(9) Other:		
	ACTIVITY WHILE INJURED:			
(1) (2) (3)	Blocking (7) Defending passed ball Tackling (8) Kicking Shedding Blocker (9) Punting Running with ball (10) Running without ball Passing (11) Other: Catching ball			
(5)				
	© 1994-2011 Sadler & Compan	y, Inc. All Rights Reserved		