

Injury Report

The following report is to be filled out completely for all injuries sustained by a player, coach or spectator during a practice or a game if the injury results from an action of the game or practice. All reports should be sent to the Safety Officer within 24-48 hours of the injury. Reporting the injury is the responsibility of the Head Coach.

Team: _____

Division (Circle one): T-Ball, Coach Pitch, Machine Pitch, Minors, Majors, Travel

Incident Date: _____ Incident Time: _____ Field Location: _____

Name of Injured Person: _____ Injured Person Date of Birth: _____

Injured Person Address: _____ Injured Person Phone: _____

Parents Names (if applicable): _____ Parent Cell Phone: _____

Description of Injury: _____

Part of Body injured: _____

How injury occurred: _____

Where injury occurred (circles one / describe):

- Base Path – running, sliding
- Hit by ball – pitched, thrown, batted
- Collision with – player, structure
- Was there a Grounds defect (yes/no and describe)?- _____
- Other (describe)?- _____

Was injured person taken to seek medical attention (circle one)- yes, no (if yes, where) _____

Could incident have been avoided (circle one) yes, no (if yes, explain how) - _____

Form prepared by:

Name (print name) _____ Phone _____

Signature _____ Date _____