

ULYFL 2008
ACCIDENT REPORT

Today's Date: _____ Team: _____

Date of Injury: _____ Time: _____

Location of injury: Franklin Park _____ Fireman's Field _____ Bill Allen Field _____

Player Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Player Age: _____ Name of Parent/Guardian: _____

Was the Parent/Guardian notified? _____

Description of Accident/Incident: _____

Was this a head injury? _____ Was the ambulance called? _____

Name of ULYFL Board Member(s) notified: _____

COACH'S SIGNATURE: _____ Date: _____

This form MUST be filled out if an injury occurs on the field with a player at practice or at a game. (If the injury occurs at Franklin Park or Fireman's Field, there is a separate form for Parks and Rec that also needs to be filled out). The Player may not return to practice until a medical release is given by a physician. Upon completion, please return this form to the Player Agent and keep a copy for your records.

ULYFL USE ONLY: Date Received: _____ Player Agent Initials: _____

Did the player visit a doctor? _____ If no, why? _____

Date player is released to participate in full activity: _____ Date Medical Release Received _____

A copy of the medical release must be attached.