



*The Northborough/Southborough Girls Softball Association*

**INJURY REPORT**

**Please return this form to your division coordinator within 24 hours of injury.**

|   |                              |
|---|------------------------------|
| <u>NAME OF INJURED PLAYER</u>                 | <u>PARENT OR GUARDIAN</u>    |
| <u>DATE/TIME OF INJURY</u>                    | <u>PLACE INJURY OCCURRED</u> |
| <u>INJURED PLAYER'S COACH / TEAM / LEAGUE</u> |                              |
| <u>DESCRIBE NATURE OF INJURY</u>              |                              |
| <u>DESCRIBE HOW INJURY OCCURRED</u>           |                              |
| <u>ADDITIONAL COMMENTS</u>                    |                              |
| <u>SIGNATURE/ DATE</u>                        |                              |