



West Boynton Little League
P.O. Box 74012
Boynton Beach, FL 33474-0123
League ID# 3090712



WBLL Injury Report

(Please fill-in all sections completely)

Place of accident / Name of park: _____

Date / Time of accident: _____ Weather Conditions: _____

Team Name / Division: _____ Manager / Coach: _____

Name of injured: _____ Age: _____

Address: _____

Phone (Day): _____ Phone (Evening): _____

Describe the accident and injury: _____

First Aid given: Yes No If yes, what action was taken: _____

Was injured party transported to the hospital or other medical facility? Yes No

If yes, where and when: _____

Was parent or guardian notified: Yes No If no, why? _____

Manager, coach and/or witness (name and phone numbers): _____

In your opinion was this a preventable accident? Yes No If yes, in your opinion what could have been done to prevent this incident? _____

Report filed by: _____ Phone: _____ Date: _____