



## INJURY INCIDENT REPORT

All injuries must be reported within 24 hours of incident or void.

PLEASE PRINT CLEARLY

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_ JERSEY # \_\_\_\_\_ REG # \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PHONE NUMBERS: (home) \_\_\_\_\_ (work) \_\_\_\_\_

TEAM NAME: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_

COACH'S NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

GAME LOCATION: \_\_\_\_\_ TIME: \_\_\_\_\_

WITNESS(ES): \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outcome of Injury: \_\_\_\_\_

\_\_\_\_\_

Paramedics: YES NO Hospitalization?: YES NO

Coach's signature: \_\_\_\_\_ Commissioner signature: \_\_\_\_\_

Reported to San Jose PAL Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_