

AYLA Injury Report Form

Date: _____ Time: _____ Location: _____

Player(s) Name(s): _____

Team: _____

Coach: _____

Person completing this report (if not the Coach): _____

Incident Description:

Was the injury a possible result of any player violating a rule or regulation?

Nature of injury: _____

First Aid provided by: _____

Witness: _____

Does the parent/guardian plan to take player to Emergency Room: _____

Was an ambulance/ EMT / Police/ Fire Department called? _____

**Complete this form to the maximum extent possible. Contact the AYLA
Commissioner and your Chapter President to report the incident.**