

# WAA Girls Softball Injury Report Form

Name (of Injured) \_\_\_\_\_ Age \_\_\_\_\_  
Last First Date of Birth

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

Parents Name \_\_\_\_\_ Address \_\_\_\_\_  
Street city Zip

Phone # (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell

## Injury occurred while participating in:

Practice  Warm up  Game

Role  Player  Umpire  Spectator  Coach  Volunteer

## Position/Role of person(s) involved in incident:

Batter  Baserunner  Pitcher  Catcher  First Base  Second Base  Third Base

Short Stop  Left Field  Center Field  Right Field  Dugout  Coaches Box

## Type of incident and location:

A) On primary Playing Field B) Adjacent to Field C) Off Ball Field  
 Base Path:  Running or  Sliding  Seating Area  Travel  
 Hit by Ball  Pitched  Thrown  Batted  Parking Area  League  
 Hit by Bat  Thrown  While Swinging  Concession Area  
 Collision with  Player  Coach  Umpire  Structure

Type of Injury: \_\_\_\_\_

First Aid Required?  Yes  if yes, what: \_\_\_\_\_

Professional medical treatment required?  Yes  No if yes, what? \_\_\_\_\_

Description of Incident :( Use back of form if necessary) \_\_\_\_\_

Name of person filling out report (Print) \_\_\_\_\_  
Phone \_\_\_\_\_

Address \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_