

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 _____