



Tyngsboro Youth Soccer Association  
PO Box 22  
Tyngsboro, MA 01879

[www.tyngsborosoccer.com](http://www.tyngsborosoccer.com)

## INJURY REPORT FORM

Name of Player: \_\_\_\_\_

Name of Team: \_\_\_\_\_ Age/Division: \_\_\_\_\_

Name of Coach: \_\_\_\_\_ Asst Coach: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ am/pm

Location where injury took place \_\_\_\_\_

Were parent/guardians present when injury occurred? yes / no

Injury Description: \_\_\_\_\_

How did the injury occur: \_\_\_\_\_

\_\_\_\_\_

Description of any first aid given: \_\_\_\_\_

Name(s) of person administering first aid: \_\_\_\_\_

Was further medical attention necessary: yes / no

Names of other adult(s) witnessing the injury \_\_\_\_\_

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### NOTIFICATION PROCEDURES

- 1) Coach/Asst Coach completes Injury Report Form
- 2) Coach/Asst Coach notifies the TYSA Division Director (provides completed Injury report form)
- 3) Division Director notifies the TYSA President
- 4) TYSA President or designee contact MYSA about insurance
- 5) Injury Report forms are maintained by the Secretary