



**Empire Amateur Hockey Conference
ESL Sports Complex
2700 Brighton-Henrietta Townline Road
Rochester, N.Y. 14623**

<http://empirehockey.org>

Onsite Injury Report

Name: _____ Date of Injury: _____ / _____ / _____
Month Day Year

Address: _____
Street City Zip

Telephone: _____ Mobile: _____ Other: _____

Nature and Extent of Injury: _____

How did injury occur? _____

Describe First Aid given including name(s) of attendee(s): _____

Disposition: _____ to Hospital _____ Home _____ to Physician _____ Other _____

Was Protective Equipment worn? _____ Yes _____ No _____

Explanation: _____

Location of Rink _____

Condition of playing surface _____

Names and Addresses of Witnesses:

Name Street City Telephone

Name Street City Telephone

Other Comments:

Signed: _____ Date: _____ Title/Position _____

This form was developed to notify the EAHC of all injuries that occur during league play.

This form also provides documentation for insurance purposes of all injuries that occur during league play.

Procedure for completion of this form is as follows:

1. Coach or team official completes form at the time of injury.
2. Completed form is mailed to league secretary at address on front of form.
3. League secretary reviews and files completed form and returns copy of form to coach and member organization's president for follow-up.
4. League secretary also sends blank form to coach for future use.

"WHEN IN DOUBT – FILL IT OUT"