

JCTD BANK BASEBALL LEAGUE
INJURY REPORT

Note: Players receiving medical attention must submit a note from a doctor clearing them to play. Fax or Scan to the League Office

Name: _____ Age: _____
Date of Accident: _____ Time of Accident: AM _____ PM _____

Coaches Name: (Witness) _____

Location: _____
Description of Accident: (sprain, bruise, dislocation, fracture, concussion, etc.) _____

Initial First Aid (Ice Applied), cleaned, etc _____

Was EMS Called: I Yes NO _____

Did EMS transport? _____

Signature of Person Reporting: _____ Date: _____

TEAM INSURANCE: _____ LEAGUE INSURANCE: _____

Return To: Peter Kokinis, Fax: 860-529-5557, Email: peter_g_kokinis@sbcglobal.net