



ALLIANCE YOUTH SPORTS INJURY REPORT

Name of Injured Person _____ DOB: _____

Injury Date _____ Time of Injury: _____

Team: _____ Player Division: _____

Significance of Injury:

Insignificant Serious Critical Life Threatening

Injury Occurred During: Practice Scrimmage Game Other _____

Describe Injury: _____

Was there Loss of Consciousness? Yes No If yes, how long: _____

Was EMS called? Yes No How long before they arrived? _____

Did participant return to activity? Yes No

Describe how the injury was dealt with: _____

Nature of Injury Report: Informational only – no action needed
 Unknown – Please contact parent for follow up
 Action Needed – possible Claim

When was the parent/guardian contacted? _____

Who contacted parent/guardian: _____

Name of person completing this form: _____

Signature: _____ Date: _____

Head Coach Signature: _____

LEAGUE USE ONLY	
ACTION TAKEN:	<input type="checkbox"/> NO ACTION <input type="checkbox"/> PENDING DECISION FROM PARENT <input type="checkbox"/> CLAIM FILED
FILE CLAIM AS:	<input type="checkbox"/> PRIMARY INSURANCE <input type="checkbox"/> SECONDARY INSURANCE
COMPLETED CLAIM AUTHORIZATION PROVIDED TO PARENT:	<input type="checkbox"/> BY EMAIL <input type="checkbox"/> BY MAIL <input type="checkbox"/> BY FAX
LEAGUE REPRESENTATIVE:	DATE: