



**Plainfield Athletic Club**

P.O. Box 480  
Plainfield, Illinois 60544

**INJURY REPORT**

**League:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Team:** \_\_\_\_\_

**Game or Practice**  
**(circle one)**

**Manager:** \_\_\_\_\_

**Player injured:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Nature of Injury:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Description of Incident:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Player taken to emergency room ?** \_\_\_\_\_ **Home ?** \_\_\_\_\_

**By whom ?** \_\_\_\_\_

**Please turn in injury report to your league commissioner within 24 hours.**  
**Commisioner's scan and email the report to [pacgame@yahoo.com](mailto:pacgame@yahoo.com) or call Rob Denney at 815-483-8345**  
**Thank you for you cooperation.**