



Rio Rapids Durango Soccer Club Injury Report Form

Injured Person:

___ Player (CSA Player ID# _____)

___ Official

___ Coach

___ Spectator

___ Other _____

Date: _____ Time: _____ am/pm

Team Name: _____

Full Legal Name of Injured Person: _____

Male or Female (circle one)

DOB: __/__/__

Address/City/State/Zip: _____

Name of Parent/Guardian (If injured person is a minor): _____

Phone: _____ Email: _____

Name of Venue: _____

Type of Play at Time of Injury:

___ Training/Practice

___ Scrimmage

___ Game

___ Other _____

Field Surface:

___ Grass

___ Turf

___ Indoor

___ Other _____

Body Part Injured:

___ Left ___ Right ___ NA

Nature of Injury:

- | | | | | |
|--------------------------------|--------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Back | <input type="checkbox"/> Arm | <input type="checkbox"/> Concussion | <input type="checkbox"/> Dislocation |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Hip | <input type="checkbox"/> Elbow | <input type="checkbox"/> Contusion | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Face | <input type="checkbox"/> Knee | <input type="checkbox"/> Wrist | <input type="checkbox"/> Laceration | <input type="checkbox"/> Strain |
| <input type="checkbox"/> Eye | <input type="checkbox"/> Leg | <input type="checkbox"/> Hand | <input type="checkbox"/> Fracture | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Ankle | <input type="checkbox"/> Other | <input type="checkbox"/> Cardiac | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Mouth | <input type="checkbox"/> Foot | <input type="checkbox"/> Internal | <input type="checkbox"/> Cold Related | <input type="checkbox"/> Heat Related |
| <input type="checkbox"/> Chest | | <input type="checkbox"/> Other _____ | | |

Description of Injury:

<p>How Did It Happen:</p> <input type="checkbox"/> Collision with a player <input type="checkbox"/> Collision with an object <input type="checkbox"/> Struck by ball <input type="checkbox"/> Heading the ball <input type="checkbox"/> Insect bee/sting <input type="checkbox"/> Overuse <input type="checkbox"/> Sudden collapse <input type="checkbox"/> Temperature related (heat stress) <input type="checkbox"/> Other _____	<p>Care Provided By:</p> <input type="checkbox"/> Coach <input type="checkbox"/> Parent <input type="checkbox"/> EMS <input type="checkbox"/> Other _____	<p>Immediate Treatment:</p> <input type="checkbox"/> Ice, Compression, Elevation <input type="checkbox"/> Rest <input type="checkbox"/> Dressing for cuts/abrasions <input type="checkbox"/> Sling/Splint <input type="checkbox"/> CPR <input type="checkbox"/> AED <input type="checkbox"/> Spine stabilization <i>Note: Any athlete with a suspected concussion must be removed from play and not return to activity until evaluated and cleared by a professional</i>
<p>If Treated At Hospital:</p> <input type="checkbox"/> Transported by ambulance <input type="checkbox"/> Transported by personal		

Person Completing Form: _____

Best Contact Phone Number: _____

Signature: _____

Email: _____

Reporting Procedure to Rio Rapids Durango SC:

Coaches will notify Rio Rapids Durango SC of any injury or suspected concussion that should be evaluated by a medical professional (e.g. physician, nurse, athletic trainer). An injury report form will be completed by the coach or team manager and returned to the Club within 48 hours of the injury. Any injury requiring activation of the Rio Rapids Durango SC Emergency Action Plan should be reported to the Club no later than the end of that day by text/phone to Kate Stahlin (970) 946-7719 Please send completed forms by email to: Kate Stahlin (kstahlin@durangosoccer.com)