

REVISED 12/05/97

Check here if an Insurance
Form is needed:

****REVISED****
**All claims must be filed
within 90 days of accident

LAFAYETTE YOUTH ASSOCIATION
RECREATION AND PARKS

INJURY REPORT

DATE: _____ NEIGHBORHOOD: _____

DATE & TIME INJURY OCCURRED: _____ TIME OF REPORT: _____

PARK: _____ FIELD #/GYM: _____ TYPE OF GAME: _____

NAME OF INJURED: _____

NAME OF INJURED'S PARENTS: _____

ADDRESS: _____ ZIP: _____

TEAM NAME: _____ COACH'S NAME: _____

OPPONENT'S TEAM NAME: _____

PLAYING CONDITIONS: _____

BRIEFLY DESCRIBE THE INCIDENT WHICH RESULTED IN THE PLAYER'S INJURY: _____

WAS ANYONE EJECTED AS A RESULT OF THE INJURY? YES/NO

DID THE INJURED PLAYER OR TEAM REPRESENTATIVE ASK FOR MEDICAL ASSISTANCE? YES/NO

IF YES, WHAT SERVICE WAS PROVIDED? (i.e. ice bag from concession stand, Band-Aid, ambulance was called, etc.)

IF AMBULANCE WAS CALLED, NOTE ATTENDANT'S NAME AND TIME OF ARRIVAL:

DID THE INJURED PARTY RETURN TO PARTICIPATE IN THE GAME AT A LATER TIME? YES/NO

UMPIRES NAMES: _____

WITNESS(ES): _____

BY: _____ TITLE: _____