

BENICIA LITTLE LEAGUE

Injury Report Form

Personal Information

Name of injured person _____ player/adult _____

Birth date ____/____/____ Male/Female _____ Parent Name _____

Address _____ Phone _____ Work _____

Team _____ Division _____ Manager _____

Explain Incident

Date ____/____/____ time _____:_____ am/pm

Location _____

Did accident occur during a game/practice Game

What Coaches were Present _____

Describe what happened _____

Witnesses (names and addresses) _____

Describe Injury;

Describe Action Taken

First Aid given? _____ Explain _____

What other League personnel (if any) have been notified? _____

What steps have been or could be taken to prevent similar incidents in the future? _____

_____/_____
League Representative/Date

_____/_____
Injured Person/Date