

Chino Girls Fastpitch Softball

Injury Report

Please print all required information in the blanks provided. Sign were indicated.

Date: _____

Division: _____ Team name: _____

Name of person filling out this report: _____

Phone/cell No: _____ Email: _____

Location/Address of the incident: _____

Name of Injured Person: _____

Relationship of the Injured to CGF (player, parent, coach, etc.) _____

Describe how this injury occurred: _____

Part of the body injured: _____

What Ensued after the accident? (circle all that apply)

First Aid The injured taken to the hospital went home continued playing Visited a physician

Other, explain: _____

Signature of person preparing report

Title (manager, coach, team parent, board member, etc)

*PLEASE NOTE: This report MUST be turned into your Division commissioner within 1 week of the accident and MUST also be reported by telephone within 24 hours of the injury.