**BWLA Injury Report Form**

This form must be submitted and turned into the BWLA if a player is injured in a game and unable to return to play in that game. The form must be submitted within 48 hours of the incident.

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| Name | Date of Incident |
| Penalty called ( please circle) Yes No | Infraction Called: |
| Description of the incident: | Injury: |
| Date able to return to play: | Was this incident reported to ALA and the proper Insurance paperwork filled in? |
| Date Received | Sent to BWLA [blackfaldswarriorslacrosse@gmail.com](mailto:blackfaldswarriorslacrosse@gmail.com) |