



### CALGARY MINOR SOFTBALL INJURY REPORT

Injured Participant     Player     Team Official     Game Official     Spectator

Name: \_\_\_\_\_ birth date: d/m/y \_\_\_/\_\_\_/\_\_\_\_\_ Sex:  (M)     (F)

Address: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Bus. Ph: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

**Category:**  
 Timbits Softball     U9     U11     U13     U15     U17     U19

**Division:**  
 Division 1     Division 2     Division 3

**Body Part Injured**

Head		Back	Trunk	Arm	Left	Right	Pelvis	Leg	Left	Right
<input type="checkbox"/> Eye area	<input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Ribs	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hand/Finger	<input type="checkbox"/> Hip	<input type="checkbox"/> Thigh	<input type="checkbox"/> Foot		
<input type="checkbox"/> Throat	<input type="checkbox"/> Dental	<input type="checkbox"/> Upper	<input type="checkbox"/> Chest	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Forearm/Wrist	<input type="checkbox"/> Groin	<input type="checkbox"/> Knee	<input type="checkbox"/> Toe		
<input type="checkbox"/> Skull		<input type="checkbox"/> Lower	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Lower Arm	<input type="checkbox"/> Collarbone	<input type="checkbox"/> Shin	<input type="checkbox"/> Other			

**Nature of Condition:**  
 Concussion     Laceration     Fracture     Sprain     Strain     Contusion     Dislocation     Separation     Internal

**On Site Care:**     On Site Care Only     Refused Care     Sent to Hospital, by     Ambulance     Car

**Injury Conditions:**    Name of Diamond and address \_\_\_\_\_

Exhibition     Seeding Round     Regular Season     City Finals

Try Outs     Practice     Warm up     During Game

**Date Injury Occurred:** \_\_\_\_\_

Was the injured player in the correct level for their age group?     Yes     No

Was this an Alberta Softball Sanctioned Event?     Yes     No

**Cause of Injury: Please Explain in detail**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position being played at time of injury: \_\_\_\_\_

**Team Information: (To be completed by a Team Official)**

Club Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_