LETHBRIDGE MINOR SOFTBALL INJURY REPORT

Injured Participant

Player

Coach

Game Official

Name: birth date: d/m/y / /

Spectator

Sex:  (M)

□ (F)

Address: Postal: Phone: Cell Ph.: Bus. Ph.:

Parent/Guardian: Email:

|  |  |  |
| --- | --- | --- |
| **Category:**U4U5U7 | U9U11U13 | U15U17 U19 |
|  |  |  |  |  |  |  |
| **Body Part Injured** |  |  |  |  |  |  |
| **Head** | **Back** | **Trunk** | **Arm** | **Left** | **Right** | **Pelvis Leg Left Right** |
| Eye area Face | Neck | Ribs | Shoulder Hand/Finger Hip | Thigh | Foot |
| Throat Dental | Upper | Chest | Upper Arm Forearm/Wrist | Groin | Knee Toe |
| Skull | Lower | Abdomen | Lower Arm Collarbone | Shin | 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 |
|  |
| **Date Injury Occurred**: **Place of Injury:** Name of Diamond and address Regular Season Playoff Season Try Outs Practice**Where did the injury take place?** Inside Outside**What were the weather conditions if outside?** Clear and Sunny Cloudy Overcast Raining Snowing Windy**What type of footwear was the injured person wearing?**  |
| Position being played at time of injury  |  |
| Was the injured player in the correct level for their age group? | Yes | No |
| Was the parent present? | Yes | No |
| If parent was not present were they then notified? | Yes | No |
| Was this an Alberta Softball Sanctioned Event? | Yes | No |
| **Cause of Injury: Please Explain in detail (if more room is needed, write on back of page)** |

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

Coach: Team Name: Phone: Signature: Date:

This form is to be completed immediately following an injury and forwarded to the following email within 24 hours.

admin@lethbridgeminorsoftball.com. This Form is for the use of Lethbridge Minor Softball Association Statistical use only.