

LETHBRIDGE MINOR SOFTBALL INJURY REPORT

Injured Participant	<input type="checkbox"/> Player	<input type="checkbox"/> Coach	<input type="checkbox"/> Game Official	<input type="checkbox"/> Spectator
Name: _____	birth date: d/m/y____/____/____		Sex: <input type="checkbox"/> (M) <input type="checkbox"/> (F)	
Address: _____			Postal: _____	
Phone: _____	Cell Ph.: _____	Bus. Ph.: _____		
Parent/Guardian: _____		Email: _____		

Category:

<input type="checkbox"/> LTP	<input type="checkbox"/> U14
<input type="checkbox"/> U10	<input type="checkbox"/> U16
<input type="checkbox"/> U12	<input type="checkbox"/> U18

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

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the parent present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If parent was not present were they then notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this an Alberta Softball Sanctioned Event?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.
president@lethbridgeminorssoftball.com

This Form is for the use of Lethbridge Minor Softball Association Statistical use only.