

Sherwood Park Minor Softball Association

Injury Incident Reporting Form

Date: _____

Name of Player: _____

Age Division/Level: _____

Description of the incident and subsequent injury:

Action taken and by whom:

Coaches Signature:

Player/Parent Signature (if under 18):

Division Representative Use Only

Please Note Follow Up:

Return to Play Form Warranted:

Yes

No

Signature: _____