

Chesterfield Cheerleader League First Report of Injury

Cheerleader's Name _____

Parent/Guardian Name _____

Home Address _____

Telephone _____

Association _____

Coach _____

Date of Accident _____

Place of Accident _____

Nature of Injury _____

Signature of Parent/Guardian

Signature of Coach

Your commissioner must be contacted within 24 hours of accident.

This form must be completed within 24 hours of accident and sent to:

Monica Thomas-Moore
CCL – County Liaison
19411 Little Road
South Chestetfield VA 23803