



THE PERTH AMBOY YOUTH FOOTBALL LEAGUE, INC.

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PERTH AMBOY RED RAIDERS YOUTH FOOTBALL & CHEERLEADING INJURY REPORT FORM

Player name: _____ Date of injury: _____

Town: _____ Team: _____ Coach: _____

The location where the injury took place: _____

Home field: _____ Away field: _____ Other: _____

Explain: _____

Player took to doctor or hospital after the injury: Yes: _____ No: _____

Player taken for medical attention by Parents: _____ Ambulance: _____ Other: _____

Explain: _____

Were parents present when the injury took place: Yes: _____ No: _____

Were parents notified about the injury: Yes: _____ No: _____

Notified by whom: _____

Was Board Member notified: Yes: _____ No: _____ Who: _____

Write a brief description of the injury and what the player was doing at the time of the injury:

Did the player have to stop the practice or game activity: Yes: _____ No: _____

Did player return to normal practice: Yes: _____ No: _____ If yes, when: _____

If the player cannot return to regular activity or go to a doctor or hospital after the injury, we will need a doctor's note for the player to return.

Date the injury report was submitted to PARR: _____

How was the report submitted: E-mail _____ Mail _____ Person _____

Who submitted the injury report to Board Member: _____