

LYSL Injury Report

Please fill out the information completely and forward to the President of LYSL.

1. GENERAL INFORMATION

DATE AND TIME OF REPORT: _____

REPORTER'S NAME: _____ POSITION: _____

HOME ADDRESS: _____

PHONE (H): _____ PHONE (W): _____

PHONE (C): _____ EMAIL: _____

EVENT/ ACTIVITY: _____

DATE AND TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

2. PLAYER INFORMATION

PLAYER: _____

PARENTS: _____

HOME ADDRESS: _____

PHONE (H): _____ PHONE (W): _____

PHONE (C): _____ EMAIL: _____

MEDICAL INSURANCE PROVIDER: _____

GROUP NUMBER: _____

3. DESCRIPTION OF INCIDENT

