



INJURY/INCIDENT REPORT

Attention Managers: Complete this form when a player is injured and unable to continue to play. Form must be completed within 72 hours of the injury and placed in the Incident Report folder in the snack bar. When in doubt, fill it out.

Date _____

Injured Person: _____ Age (if under 18): _____

Injured person is a Player Coach Spectator Parent Helper
 Other (explain) _____

Team _____ Division _____ Coach's name _____

Was a parent present yes no If no, was a parent notified yes no

Contact Phone # for Injured _____ Date of injury: _____

Describe the injury: _____

Type of first aid administered at the time and by whom:

Describe any additional medical attention required:

Manager's signature _____

Please attach additional pages, if necessary. Hand deliver or mail to:

West Grove Girls Softball League
Attn.: Equipment & Safety Director – Injury/Incident
PO Box 5202
Garden Grove, CA 92845

Email: equipmentdirector@westgrovesoftball.com