

Injury Report

Name of Injured Person: _____ Male Female

Name of Parent/Guardian: _____ Informed of Injury: Yes No

Address of Injured Person: _____

City: _____ Phone Number: _____

Date of Incident: _____ Time: _____ AM PM Location: _____

Division: _____ Team Name: _____ Coach: _____

Check all Applicable Responses in Each Column:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Player | <input type="checkbox"/> Practice | <input type="checkbox"/> Concession |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Game | <input type="checkbox"/> Grounds Keeping |
| <input type="checkbox"/> Umpire | <input type="checkbox"/> Travel to/From Game | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Tournament | |
| <input type="checkbox"/> Spectator | <input type="checkbox"/> Tryout | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | |

Check the boxes for all appropriate items below. At least one item in each column must be selected.

- | Position when Injured | Injury | Part of Body | Cause of Injury |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> 1 st Base | <input type="checkbox"/> Abrasion | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Batted Ball |
| <input type="checkbox"/> 2 nd Base | <input type="checkbox"/> Bites | <input type="checkbox"/> Ankle | <input type="checkbox"/> Batting |
| <input type="checkbox"/> 3 rd Base | <input type="checkbox"/> Concussion | <input type="checkbox"/> Arm | <input type="checkbox"/> Catching |
| <input type="checkbox"/> Batter | <input type="checkbox"/> Bruise | <input type="checkbox"/> Back | <input type="checkbox"/> Collision |
| <input type="checkbox"/> Catcher | <input type="checkbox"/> Dental | <input type="checkbox"/> Chest | <input type="checkbox"/> Colliding with Fence |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Elbow | <input type="checkbox"/> Falling |
| <input type="checkbox"/> Coaching Box | <input type="checkbox"/> Fracture | <input type="checkbox"/> Foot | <input type="checkbox"/> Hit by a Ball |
| <input type="checkbox"/> Dugout | <input type="checkbox"/> Cut | <input type="checkbox"/> Hand | <input type="checkbox"/> Horseplay |
| <input type="checkbox"/> On Deck | <input type="checkbox"/> Puncture | <input type="checkbox"/> Head | <input type="checkbox"/> Pitched Ball |
| <input type="checkbox"/> Outfield | <input type="checkbox"/> Strain | <input type="checkbox"/> Neck | <input type="checkbox"/> Running |
| <input type="checkbox"/> Pitcher | <input type="checkbox"/> Sprain | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Sliding |
| <input type="checkbox"/> Base Runner | <input type="checkbox"/> Heatstroke | <input type="checkbox"/> Groin | <input type="checkbox"/> Sharp Object (What) _____ |
| <input type="checkbox"/> Shortstop | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Wrist | <input type="checkbox"/> Tagging |
| <input type="checkbox"/> Umpire | | <input type="checkbox"/> Finger | <input type="checkbox"/> Throwing |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Face (part) _____ | <input type="checkbox"/> Thrown Ball |
| | | <input type="checkbox"/> Leg (Right/Left) | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Other: _____ | |

Medical Treatment Given: None Medical (What) _____ First Aid (What) _____
 Ambulance Attended: Yes No Injured Person Transported: Yes No

Brief Statement of What Happened: _____

This form is for [Softball Association] Purposes only and the information collected will be kept strictly confidential. When an incident occurs, please obtain as much information as possible and forward it to the Board of Directors within 72 hours.

Date: _____ Name of person reporting (print): _____

Signature: _____

References:

Ontario Soccer Association. *Club Excellence Template Booklet*. Vaughan: The Ontario Soccer Association, 2009.