



LGSA Injury Report

Injured Person's Background Information			
Person's name		DOB	
Parent's name		AGE	
Address		Home phone	
City,State,zip		Work phone	

Injury Information			
Date		Body Part Injured	Description:
Time			
Place of injury/Field			
Cause of injury			

Check applicable responses in each column:			Injured Person Was a	Check below	Injury occurred during	Check below
Division	Check below	Team Info	Player		practice	
6u		Team Name	Manager/coach		Scheduled game	
8u			scorekeeper		Special event	
10u		Coach name	umpire		Tournament	
12u			parent		Evaluations	
14/16u		Coach phone	volunteer		Clinic/Training	
			spectator		Other	