

S.A.A. SOFTBALL INJURY REPORT

Name: _____ Date of Injury: _____

Team: _____ Time of Injury: _____

Phone: _____ Location: _____

Body part affected: (Check applicable parts)

Head	_____	Arm	_____	Thigh	_____
Neck	_____	Elbow	_____	Knee	_____
Shoulder	_____	Wrist	_____	Lower Leg	_____
Back	_____	Hand	_____	Ankle	_____
Chest	_____	Finger	_____	Foot	_____
Hip	_____	Other	_____		

Nature of injury: (Check applicable)

Severe cut	_____	Fracture	_____
Bruise	_____	Dislocation	_____
Strain	_____	Reinjury	_____
Sprain	_____	Other	_____

Describe how injury occurred:

Disposition: Hospital _____ Parent Released _____

Name of manager making report: _____

Signature: _____

Complete this form for all injuries where a player is removed from a practice, game or tournament to attend to the injury. If an ambulance is summoned, call the Head Commissioner immediately.