



SAA IN-HOUSE AND TOURNAMENT INJURY REPORT

NOTE: THIS FORM MUST BE FILLED OUT IF THE INJURY REQUIRES REMOVAL FROM PRACTICE/GAME/TOURNAMENT OR A HOSPITAL OR DOCTOR VISIT.

SAA SPORT _____

INJURED PLAYER _____

PLAYER'S ADDRESS _____

PLAYER'S PHONE _____

NAME OF PARENT/GUARDIAN NOTIFIED _____

DATE OF NOTIFICATION _____

TEAM/COACH _____

LOCATION WHERE INJURY OCCURRED _____

DESCRIPTION OF INJURY _____

BRIEFLY DESCRIBE HOW INJURY OCCURRED _____

DISPOSITION: HOSPITAL _____ RELEASED TO PARENT _____

NAME OF TEAM COACH/MANAGER _____

SIGNATURE OF INDIVIDUAL FILLING OUT REPORT _____

RETURN THE COMPLETED REPORT TO YOUR LEAGUE COMMISSIONER.