

KYFCL INJURY REPORTING FORM

Player Name_____ Number_____ Organization_____

Football or cheerleading:

Date of Incident:_____ Practice or Game Age:_____

Level: Smurf JV Mid Varsity

Location and Type of Injury:_____

Side: (right / left / not applicable) Injury Type:
(arm, ankle, finger, etc.):

Description of injury: (What happened)

Was player required to be seen at a hospital? YES/ NO

Was the player taken to the hospital as needed by EMT/ambulance? YES/ NO

Was player released by a Physician? YES/ NO

Please attach a copy of the release to this form for the KYFCL.

Please turn form into Shawn Helm, VP Football, KYFCL, or Tiffany Roberts, Chair of Cheer Committee, KYFCL, for tracking of injuries. Form may be scanned and sent to Shawn (shelm113@comcast.net) or Tiffany (trob898@gmail.com) or turned in at monthly KYFCL meeting.

Organization Rep:_____DATE:_____