



Keystone Youth Football & Cheerleading League

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 League Email keystoneyouthfootballandcheer@gmail.com for tracking of injuries.
Form may be scanned and sent to League email above or turned in at monthly KYFCL meeting.

Organization Rep: _____ DATE: _____