

HONESDALE LITTLE BASEBALL ASSOCIATION
ATHLETIC INJURY REPORT

DATE _____

PLAYERS NAME _____

AGE _____ TEAM _____

DATE OF INJURY _____ TIME _____

FIELD INJURY OCCURRED _____

BODY PART INJURED _____

TYPE OF INJURY _____

CIRCUMSTANCES: COMPETITION FORMAL PRACTICE NOT SPORTS RELATED

INJURY DESCRIPTION _____

IMMEDIATE CARE GIVEN: (EXPLAIN) _____

WITNESSES TO INJURY _____

PLEASE COMPLETE FORM AND RETURN TO THE LEAGUE WITHIN 7 DAYS.

NOTICE: There is a \$250.00 Deductible on all claims, to be paid by parent or guardian.

RETURN TO:
HONESDALE LITTLE BASEBALL
1168 Owego Turnpike
Honesdale, PA 18431