Rocklin Girls Fast Pitch Softball
Injury Report

Injured Person's Background Information			
Name		DOB	
Parents Name		Age	
Address		Home Ph	
City/State/Zip		Work Ph	

Injury Information	
Date	Description:
Time	
Place of Injury/Field Name	

Check applicable responses in each column below:

Division	Team Info.	Injured Person Was a:	Injury Occurred During:
○ 6U	Team Name:	○ Player	○ Practice
○ 8U		○ Manager,Coach	○ Scheduled Game
○ 10U	Coach's Name:	○ Umpire	○ Special Event
○ 12U		○ Scorekeeper	○ Tournament
○ 14U	Coach's Phone:	○ Volunteer	○ Tryouts
○ 16U		○ Spectator	○ Other

Position When Injured:	Part of Body Injured:		Cause of Injury:
○ 1st Base	○ Ankle	○ Head	○ Batted Ball
○ 2nd Base	○ Arm	○ Hip	○ Batting
○ 3rd Base	○ Back	○ Knee	○ Catching
○ Batter	○ Chest	○ Leg	○ Collision with Person(s)
○ On Bench	○ Ear	○ Mouth	○ Collision with Structure
○ Bull Pen	○ Elbow	○ Neck	○ Falling
○ Catcher	○ Eye	○ Nose	○ Hit by Bat
○ Coaching Box	○ Face	○ Shoulder	○ Horseplay
○ Dugout	○ Finger	○ Wrist	○ Pitched Ball
○ Manager/Coach	○ Foot	○ Other	○ Running
○ Outfield	○ Hand	○ Unknown	○ Sharp Object
○ Pitcher			○ Sliding
○ Runner			○ Tagging
○ Scorekeeper			○ Throwing
○ Shortstop			○ Thrown Ball
○ Umpire			○ Other
○ Unknown			○ Unknown
○ Other			
○ Warming Up			

Submitted completed form within twenty four hours to League Secretary or place in score box with game score sheets