



CALGARY MINOR SOFTBALL INJURY REPORT

Injured Participant [] Player [] Team Official [] Game Official [] Spectator
Name: _____ birth date: d/m/y ___/___/_____ Sex: [] (M) [] (F)
Address: _____ Postal: _____
Phone: _____ Cell Ph: _____ Bus. Ph: _____
Parent/Guardian: _____
Email: _____

Category:
[] Timbits Softball [] U10 [] U14 [] U16 [] U19
Division:
[] Division 1 [] Division 2 [] Division 3

Body Part Injured
Head Back Trunk Arm Left Right Pelvis Leg Left Right
[] Eye area [] Face [] Neck [] Ribs [] Shoulder [] Hand/Finger [] Hip [] Thigh [] Foot
[] Throat [] Dental [] Upper [] Chest [] Upper Arm [] Forearm/Wrist [] Groin [] Knee [] Toe
[] Skull [] Lower [] Abdomen [] Lower Arm [] Collarbone [] Shin [] Other

Nature of Condition:
[] Concussion [] Laceration [] Fracture [] Sprain [] Strain [] Contusion [] Dislocation [] Separation [] Internal
On Site Care: [] On Site Care Only [] Refused Care [] Sent to Hospital, by [] Ambulance [] Car

Injury Conditions: Name of Diamond and address _____
[] Exhibition [] Seeding Round [] Regular Season [] City Finals
[] Try Outs [] Practice [] Warm up [] During Game
Date Injury Occurred: _____
Was the injured player in the correct level for their age group? [] Yes [] No
Was this an Alberta Softball Sanctioned Event? [] Yes [] No

Cause of Injury: Please Explain in detail

Position being played at time of injury: _____

Team Information: (To be completed by a Team Official)
District: _____ Team Name: _____
Coach: _____ Phone: _____
Signature: _____ Date: _____