



Injury Report

Name (of Injured) _____
Last First

Date of Birth _____

Address _____
Street City Zip

Phone # (____) _____ (____) _____
Cell Home

Date of Injury _____

Injury occurred while participating in:

☐ Scrimmage

☐ League Game

☐ Tournament Game

Type of Injury: _____

First Aid Required? ☐ Yes ☐ No if yes, what: _____

Professional medical treatment required? ☐ Yes ☐ No if yes, what? _____

Description of Incident, including witnesses :(Use back of form if necessary):

Who was the injury originally reported to _____
Name Title

Signature: _____ **Date:** _____

Completed form must be returned to your UIC within 24 hours of the incident