



ON-SITE INJURY REPORT FORM

Full Name of Injured Player		Date of Birth	League Use ONLY
Street		Age Weight	
City State		Zip Code	
2. Full Name of Parent or Guardian		Phone Number	
3. Date of Injury			
4. <input type="checkbox"/> Beginner <input type="checkbox"/> Mite <input type="checkbox"/> Squirt <input type="checkbox"/> PeeWee <input type="checkbox"/> Bantam <input type="checkbox"/> Midget <input type="checkbox"/> Youth Hockey School <input type="checkbox"/> Recreation <input type="checkbox"/> Coach <input type="checkbox"/> Team Representative			
5. Explain in DETAIL how the accident occurred.			
6. Name of INJURY or TYPE of INJURY			
7. Was it during a practice session? <input type="checkbox"/> Yes <input type="checkbox"/> No While playing in a sanctioned game? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Rink Name	
9. Was protective equipment worn? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explanation:			
10. CHECK ALL THAT APPLY:			
Period Accident Occurred:		Position of Injured Player:	
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd		<input type="checkbox"/> Center <input type="checkbox"/> Goalie	
<input type="checkbox"/> 3rd <input type="checkbox"/> 4th		<input type="checkbox"/> Defense <input type="checkbox"/> Wing	
Penalty Called:		<input type="checkbox"/> Yes	
<input type="checkbox"/> No			
Board Conditions:		Protection Above Boards:	
<input type="checkbox"/> New Boards <input type="checkbox"/> Poor		<input type="checkbox"/> Wire <input type="checkbox"/> Other _____	
<input type="checkbox"/> Plywood <input type="checkbox"/> (Old)		<input type="checkbox"/> Netting <input type="checkbox"/> Glass	
11. LOCATION OF INJURY ON DIAGRAM (Check Box Number)		12. Names and Addresses of Witnesses:	
<p style="text-align: center;">ZONE OF INJURY</p>		_____ Name Address _____ Name Address _____ Name Address _____ Name Address	
Signed		Date	Title/Position