



# Los Alamos Youth Soccer League

P.O. Box 649, Los Alamos, NM 87544

<http://www.laysl.org> e-mail: [laysl@laysl.org](mailto:laysl@laysl.org)

Phone: 505.412.4153

## Injury Report

Please provide as much information about the injury. Make sure to sign and date the form, and submit to the address above or email to [president@laysl.org](mailto:president@laysl.org)

Team Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Location of accident:  Game  Practice  Other : \_\_\_\_\_

Injured body part: \_\_\_\_\_

Type of injury:	<input type="checkbox"/> Bite	<input type="checkbox"/> Concussion	<input type="checkbox"/> Cut
	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain
	<input type="checkbox"/> Other :		

First aid given: \_\_\_\_\_

Action taken:	<input type="checkbox"/> Parent took hospital	<input type="checkbox"/> Parent took ER	<input type="checkbox"/> Parent took home
	<input type="checkbox"/> Transfer to hospital	<input type="checkbox"/> Called 911	<input type="checkbox"/> Player returned to sport
	<input type="checkbox"/> Other :		

Explanation of injury:	<input type="checkbox"/> Collision with person	<input type="checkbox"/> Collision with object	<input type="checkbox"/> Fall
	<input type="checkbox"/> Hit with object	<input type="checkbox"/> Injury to self	
	<input type="checkbox"/> Other :		

Describe specifically how the injury occurred:

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Form submitted by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness (if possible):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_