



2016 INJURY REPORT FORM

In the event of any injury occurring during a game, practice, or AGSA sanctioned event, this Injury Report Form must be completed and submitted to the Safety Manager (Jon Currie 619/818-3160) or any 2016 AGSA Board Member.

Date of Injury: _____ Time of Injury: _____

Name of Injured Player: _____

Manager Name: _____ Division: _____

Team Name: _____ Team Number: _____

Brief Description of Incident:

Medical Treatment Given (including First Aid):

Manager's Signature: _____

Manager's Phone No.: _____

Parent/Guardian Signature: _____

Parent/Guardian Ph. No.: _____

Safety Manager Signature: _____