DoCo: Rev 1.1





Injury Report

Applicant's Details			
Injured Person' Name:			
Conference:	Little League	Player or Official?	
Home Club:	N/A	Male or Female?	
Venue/Location of incident:	N/A	male of Female.	
Date of Incident:		Time of Incident:	
Was the injury at a game, training session or other?		If at a game, who were the opposing team?	
If "other", describe:			
Describe the circumstances of the event which caused the injury			
Describe & indicate the injurio	es sustained observati	ions & care rendered	
Describe a maleate the injuri	ss sustained, observati	ions a care remacrea	
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Report completed by	F	ollow-up	
	V	Vas an ambulance call	ed?
(Signature & Date)		s hospitalisation expec	ted?
(orginature & Date)		· •	

Notify the Commissioner that an injury occurred. Deliver this form to the Commissioner as soon as possible. Note that The League's insurance does not cover medical expenses.