

KYFL INJURY REPORTING FORM

Football or cheerleading:

Date of Incident: _____ **Practice / Game**

Age: _____

Smurf, JV, MIDS, Varsity

Location of Injury: _____

Side: (right / left / not applicable)

Injury Type: (arm, ankle, finger, etc.):

Description of injury:

Was player required to be seen at a hospital? YES NO

Was the player taken to the hospital as needed by EMT/ambulance? YES NO

Was player released by a Physician? YES NO

Please attach a copy of the release to this form for the KYFCL.

Please turn form into Shawn Helm, VP Football, KYFCL, or Tiffany Roberts, Chair of Cheer Committee, KYFCL, for tracking of injuries. Form may be scanned and sent to Shawn (shelm113@comcast.net) or Tiffany (trob898@gmail.com) or turned in at monthly KYFCL meeting.

Organization Rep: _____ **DATE:** _____