

HONESDALE SOFTBALL LEAGUE  
ATHLETIC INJURY REPORT

DATE \_\_\_\_\_

PLAYERS NAME \_\_\_\_\_

AGE \_\_\_\_\_ TEAM \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_ TIME \_\_\_\_\_

FIELD INJURY OCCURRED \_\_\_\_\_

BODY PART INJURED \_\_\_\_\_

TYPE OF INJURY \_\_\_\_\_

CIRCUMSTANCES: COMPETITION  FORMAL PRACTICE  NOT SPORTS RELATED

INJURY DESCRIPTION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IMMEDIATE CARE GIVEN: (EXPLAIN) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WITNESSES TO INJURY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE COMPLETE FORM AND RETURN TO THE LEAGUE WITHIN 7 DAYS.

NOTICE: There is a \$250.00 Deductible on all claims, to be paid by parent or guardian.

RETURN TO:  
HONESDALE SOFTBALL LEAGUE  
121 SUNRISE AVENUE  
HONESDALE, PA 18431