AMSA Injury Report

Male ☐ Female ☐

Name of Injured Person: _____

Name of Parent/Guardian: _____ Informed of Injury: Yes ☐ No ☐

Address of Injured Person: _____

City: _____ Phone Number: _____

Date of Incident: _____ Time: _____ AM ☐ PM ☐ Location: _____

Division: _____ Team Name: _____ Coach: _____

Check all Applicable Responses in Each Column:

☐ Player ☐ Coach ☐ Umpire ☐ Volunteer ☐ Spectator ☐ Other:	☐ Practice ☐ Game ☐ Travel to/from Game ☐ Tournament ☐ Tryout ☐ Other:	☐ Concession ☐ Groundskeeping ☐ Other:

Check the boxes for all appropriate items below. At least one item in each column must be selected.

Position when Injured	Injury	Part of Body	Cause of Injury
☐ 1st Base	☐ Abrasion	☐ Abdomen	☐ Batted Ball
☐ 2nd Base	☐ Bites	☐ Ankle (Right/Left)	☐ Batting
☐ 3rd Base	☐ Concussion	☐ Arm (Right/Left)	☐ Catching
☐ Batter	☐ Bruise	☐ Back	☐ Collision
☐ Catcher	☐ Dental	☐ Chest	☐ Colliding with Fence
☐ Coach	☐ Dislocation	☐ Elbow (Right/Left)	☐ Falling
☐ Coaching Box	☐ Fracture	☐ Foot (Right/Left)	☐ Hit by a Ball
☐ Dugout	☐ Cut	☐ Hand (Right/Left)	☐ Horseplay
☐ On Deck	☐ Puncture	☐ Head	☐ Pitched Ball
☐ Outfield	☐ Strain	☐ Neck	☐ Running Sliding
☐ Pitcher	☐ Sprain	☐ Shoulder (Right/Left)	☐ Sharp Object (What)
☐ Base Runner	☐ Heatstroke	☐ Groin	☐ Tagging
☐ Shortstop		☐ Wrist (Right/Left)	☐ Throwing
☐ Umpire		☐ Finger (R/L T/1/2/3/4)	☐ Thrown Ball
		☐ Face (Part) _____	
		☐ Leg (Right/Left)	
Other:	Other:	Other:	Other:

Medical Treatment Given: None Medical (What)_____ First Aid (What)_____

Ambulance Attended: Yes No Injured Person Transported: Yes No

Brief Statement of What Happened: _____

_____

_____

This form is for Ayr Minor Softball Association purposes only and the information collected will be kept strictly confidential. When an incident occurs, please obtain as much information as possible and forward it to the Board of Directors within 72 hours.

Date: _____ Name of person reporting (print): _____

YYYY / MM / DD

Signature: _____