

ROCKFORD YOUTH FOOTBALL, Inc.

INJURY REPORT

AREA REPORTING: _____

DATE OF INJURY: _____

INJURED PLAYERS NAME: _____

(MAILING) ADDRESS: _____

PHONE NUMBER (include area code)

FIELD DIRECTOR: _____

MEDICAL TREATMENT: _____

MEDICAL DIAGNOSIS (BROKEN BONES, ETC): _____

DIRECTIONS: PLEASE ***PRINT*** ALL INFORMATION. MAKE A COPY OF THIS FORM AND SEND TO THE FIELD DIRECTOR, ROCKFORD YOUTH FOOTBALL AND RETAIN THE ORIGINAL FOR YOUR AREA'S RECORDS.