

ATTACHMENT B

**LOU GEHRIG YOUTH BASEBALL/SOFTBALL
INJURY REPORT**

Purpose:

The purpose of this form is to report injuries to the league. The Safety Director and/or Insurance representative will use this report to contact the injured party/injured party's family to explain the league's insurance responsibility. The Board of Directors will use the report to assess safety issues.

Instructions:

1. This form must be completed by the Team Manager for any injury to a player or coach which requires removal from a game or practice.
2. Within 24 hours of the injury, place the form in the Safety Director's mailbox located in the Concession Stand stairwell.

Injured Person: ___ Player ___ Coach/Manager ___ Other (describe): _____

Full Name: _____ **Age (if player):** _____

Address: _____

Phone: _____ **Date of Accident:** _____ **Time:** _____

Place of Accident/Location (be specific): _____

Manager's Name: _____ **Phone:** _____

Describe the Accident: _____

Type of Injury: _____

Was the Fire Department or Ambulance Called? _____ Yes _____ No

Was the person taken to the hospital: _____ Yes _____ No

Please Use Reverse Side If Additional Space Is Needed