

HYAA
PO BOX 49 HOLMDEL, NJ 07733 732-946-6799

INJURY REPORT

Date of Injury: _____ Place of Injury: _____ Sport: _____

Injured: _____ Age _____ Sex _____

Address: _____ Phone () _____ - _____

Town: _____ State _____ Zip _____

Association with Program: _____
(e.g., spectator, coach, athlete)

Location/Description of Injury: _____

Description of Circumstances: _____

Action Taken: (check all that apply)

a. none required

b. injured refused treatment

c. parent (s) called at _____ am/pm Caller: _____

d. first aid given by: _____

Describe: _____

e. injured taken to: _____

via: _____

f. others notified: _____ at _____ am/pm

Caller _____

Witnesses: (1) _____ Phone () _____ - _____

Witnesses: (2) _____ Phone () _____ - _____

Date of Report: _____

Prepared By Coach _____ (name)

Signature: _____

Coach – Forward completed form to HYAA office admin@hyaa.org or by mail to PO Box 49 Holmdel, NJ 07733