**Instructions:**

1. **Use the Tab key to work through the form.**
2. **One form for each injury.**
3. **All fields are required. Make an entry or selection in every field.**
4. **Include details about type of injury (if known), treatment/transportation of player, and weather and field conditions, if**
5. **When finished, check your entries for accurate and complete information, and save the file**
6. **Email it to** **scott.davis@ayso1c.org****.**

**Injury Report**

**Your Full Name** enter your full name **Email** enter email

**Game Information:**

**Game No.** from the CGI schedule **Program** Choose a program

**Game Date** enter the game date **Game Time** (00:00 am/pm)

**Game location** Choose a location. **Division** Boys/Girls Choose the Division age

**Home** **Team** full home team number **Home** **Final** **Score** home team final score

**Away Team** full away team number **Away Final Score** away team final score

**Referee Team Details**

**Referee** Referee name

**Assistant Referee 1**  AR1 name

**Assistant Referee 2** AR2 name

**Injury information**

**Player Name** player’s full name **Player Jersey Number** player’s jersey number

**Team** injured player's team

**Half** first, second, or overtime **Time (minutes)** time in the half

**Details** description of the injury event including who, where on the field, contact or not, cautions, etc.

**Submit Form My name below verifies that all data is correct to the best of my knowledge.**

**Person reporting** typed name of person reporting

**Today's Date** Click or tap to enter a date.

**Phone No. of person reporting** xxx-xxx-xxxx