

HONESDALE LITTLE BASEBALL ASSOCIATION  
ATHLETIC INJURY REPORT

DATE \_\_\_\_\_

PLAYERS NAME \_\_\_\_\_

AGE \_\_\_\_\_ TEAM \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_ TIME \_\_\_\_\_

FIELD INJURY OCCURRED \_\_\_\_\_

BODY PART INJURED \_\_\_\_\_

TYPE OF INJURY \_\_\_\_\_

CIRCUMSTANCES: COMPETITION  FORMAL PRACTICE  NOT SPORTS RELATED

INJURY DESCRIPTION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IMMEDIATE CARE GIVEN: (EXPLAIN) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WITNESSES TO INJURY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE COMPLEAT FORM AND RETURN TO THE LEAGUE SECRETARY ASAP

NOTICE: There is a \$100.00 Deductible on all claims, to be paid by parent or guardian.

K&K Insurance Group - Insurance policy # SPP-30722-00

RETURN TO:  
HONESDALE LITTLE BASEBALL  
121 SUNRISE AVENUE  
HONESDALE, PA 18431