

North Shore Girls Soccer Club

Team	Div. Age Group
Coach	

Injury Report Form

Sec 1

Last Name of Injured (please print)
Birth Date

First Name

Address

Name of Parent or Guardian

Home Phone

Other Contact Number

Sec. 2

Date Of Accident	Hour Am Pm	Location	
Type Of Injury	Field Treatment (check off) Ice Bandage Tenser C.P.R. 911	Hospitalization Required Yes No	Prescribed Treatment
		Date of Admittance	Date of Discharge

Sec. 3

Describe Briefly How Accident Happened

Sec.4

Additional Helpful Information

Shoe Type (Check One)		Field Surface Type (check one)		Weather Conditions (Check Appropriate Box's)		
6 Stud <input type="checkbox"/>	Turf Shoe <input type="checkbox"/>	Turf <input type="checkbox"/>	All Weather <input type="checkbox"/>	Sunny <input type="checkbox"/>	Cloudy <input type="checkbox"/>	Rainy <input type="checkbox"/>
Multi Stud <input type="checkbox"/>	Runners <input type="checkbox"/>	Grass <input type="checkbox"/>	Indoor Gym <input type="checkbox"/>	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Muddy <input type="checkbox"/>

Sec.5
Other Preventative Information

Forward completed form to healthsafetyofficer@nsgsc.com