



PERRY HEIGHTS BASEBALL & SOFTBALL ASSOCIATION

Injury Report Form

(Please Print Clearly)

Player's Name _____ Date/Time of Injury _____

Address _____ City _____ ZIP _____

Telephone (Home) _____

Manager _____

Injury Description _____

Field Where Injury Occurred _____

Did Player Receive Medical Treatment? YES NO

Explain _____

Parents Notified? YES NO

Manager's Signature _____

Parent's Signature _____

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