

St Clair Shores Youth Soccer League Injury Report

Incident reports should be completed by the coach and / or assistant coach immediately following any injury.

The SCSYSL Secretary should be notified of all incidents.

Name: _____

Player: _____ Coach: _____ Observer: _____

Division: Scooter Shooters- U6 U8 U10 U12 U14

Accident Date: ____/____/____

Description of Injury:

Describe how and where the accident occurred:

During a game: Y / N

During a practice: Y / N

Did the individual refuse medical treatment: Y / N

Did the individual seek medical treatment: Y / N

If so where and / or what type:

Did the player return from their injury to the game/practice the same day?

Coach: _____

Date: _____