

DUNBAR LITTLE LEAGUE INJURY REPORT 2009

Please complete this form when reporting an injury which has occurred while participating in Dunbar Little League practice or game. Place cursor in grey area to complete. Thanks.

Injured person – Name:

Injury: Date (dd/mm/yyyy): Time: Field:

Injury occurred during a: Game Practice

Injured person was: Player/ Coach/ Parent/ Other, please specify:

Division: Blastball T Ball Minor B

Minor A: Jr / Sr Majors Tournament

If player, what position was the individual playing at time of injury (eg. batter, 1st base, etc)?

What was the nature of injury? Was player hit by ball, bat, another player, etc?

Did injured person require: First Aid? Yes / No Trip to hospital? Yes / No

Any other comments?

Person completing form:

Name:

Relationship to injured person:

How may you be contacted? Phone Number: Email Address:

Thank you for completing this form. Please either email, print and fax/or mail to:

Wendy Epp, DLL Safety Officer
3692 West 22nd Ave.
Vancouver, BC
V6S 1J6
778-329-1609

wmepp@shaw.ca Or jmcdprez@dunbarbaseball.ca

