



Wasco Girls Fastpitch Injury Report Form

Name of injured person: _____ DOB: _____

Address: _____ Phone: _____

Parents Name _____ Phone: _____

Injury occurred while participating in:

Practice Warm Ups/Downs Game Other _____

Injured was: Player Umpire Spectator Coach Volunteer

Position/Role of person(s) involved in accident:

Batter Baserunner Pitcher Catcher 1st Base 2nd base
 3rd base SS LF CF RF Dugout On Deck Other _____

Type of incident and location (1-4):

1) Playing Field: base path running sliding 2) hit by ball pitched thrown
 batted 3) hit by bat thrown while swinging 4) Collision with player
 coach umpire structure

Type of Injury: _____

First Aid Required? No Yes If yes, what: _____

Professional medical treatment required? No Refused & if so, by who? _____

Yes and take where? _____

Description of Incident: (use back if needed) _____

Name of person filling out report: (print name) _____ Phone: _____

Address: _____

Signature: _____

Witness (print name) _____ Phone: _____