

THUMB AREA FOOTBALL LEAGUE



Injured Player Information

Injured Player Name _____ Date of Injury (mm/dd/yyyy) _____ Time of Injury (00:00 am/pm) _____

Date Injury was reported _____ Reported to whom: _____

Community Name _____ Team Name _____

Age Group _____ Parent or Guardian Name _____

List Witness(s) _____

Location of Incident / Accident/ Injury _____

What is the incident / Accident / Injury _____

How did the injury occur? _____

COACHES SECTION

Was injured player sent for medical treatment? (Circle One) Yes NO

Where the parents given Medical Claim Form to File Claim? (Circle one) Yes No

If No, please explain why _____

Coaches Comments and Explanation of the injury _____

Coaches Name _____

Coaches Signature _____

Date _____

Form MUST be given to the Community Director and then a copy to be provided to The TAFLL Director of Football Operations and Secretary