



## Injury Report

### PLEASE PRINT

Player Name: \_\_\_\_\_ Team: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Give a brief description of the accident:

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Was first aid treatment administered? (circle one) Y / N

If yes, by whom? \_\_\_\_\_

Describe the care given: \_\_\_\_\_

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Were family member or emergency contact called? (circle one) Y / N

Reporter's Name: \_\_\_\_\_

Reporter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

❖ Form is to be emailed to [operations@ravensvolleyballclub.com](mailto:operations@ravensvolleyballclub.com)

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**Below needs to be returned to the Head Coach before the next game or practice**

My child, \_\_\_\_\_ does / does NOT (circle one) have my permission to return to play/practice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent/Guardian signature)*

❖ If doctor's care was provided due to said injury, a signed Return to Play form is required to be submitted to the Head Coach and the Board prior to the youth returning to play.