



Injury Report

Delhi Hills Athletic Assn.

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INJURY REPORT

Name of Injured Person:

Parent / Guardian of Injured Person: _____

Phone: _____

Manager / Coach: _____ Team Name: _____

Sport: _____ Age Group/Class/Division: _____

Date of Injury: _____ Time of Injury: _____

Place of Injury: _____

Describe Injury and How Injury Occurred:

Did injured person receive any medical treatment? If yes, by whom and when?

Submitted By: _____ Date: _____