



# CGFP Injury Report



**Complete and Submit to Managers & Coaches Agent within 24 Hours of Injury**

<b>Player Name:</b>	<b>Age Division:</b>	<b>League:</b> CGFP
<b>Date of Injury:</b>	<b>Time:</b>	AM PM
<b>Location Where Injury Occurred:</b>		
Clairemont                      Serra Mesa Other _____		

Type of Injury	Part of Body
Strain	Head                      Ankle
Sprain	Eyes                      Foot
Twisting	Ears                      Left
Struck Against	Neck                      Right
Struck By	Back
Caught in Between	Shoulder
Slip/Trip/Fall	Chest
Cut/Puncture	Arm
Bite/Sting	Hand
Other	Fingers
	Leg
	Knee
	Other

Describe Injury (What was player doing at the time of injury and how did it happen?)

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Describe the type of equipment that was involved.

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What corrective action will be taken to prevent a recurrence?

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Manager's Name (Print)	Manager's Phone Number
Manager's Signature	Date