



CGFP Injury Report



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

Player Name:	Age Division:	League: CGFP
Date of Injury:	Time:	AM PM
Location Where Injury Occurred:		
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?)

Describe the type of equipment that was involved.

What corrective action will be taken to prevent a recurrence?

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