



Athlete Injury Report

Athlete's Name: _____

Parent Name & Phone # _____

Team Name: _____ **Coach Name/Phone #** _____

Injury: _____

Date of Injury: _____

Status: Out Limited Go-as-can Full-go

please see participation status guidelines below

Comments: _____

Please provide any doctor notes, specific medical restrictions, physical therapy exercises, etc. and attach to this form before turning it in to any of the Beyond Development coaches. You can use the back of this form for additional comments or important notes.

Participation Status Guidelines

“Out” means no participation until further notice.

“Limited” means the athlete may participate with some restrictions (ie: no hard running, no contact activities, etc).

“Go-as-can” means the athlete may participate as tolerated. An athlete with this status is often making the transition to full return to sports after an injury and needs a gradual progression left to the discretion of the athlete and coach.

“Full-go” means unrestricted participation.

X _____ (Circle One) PARENT COACH ATHLETE

Print Name _____ Date _____