



# LEGACY YOUTH FOOTBALL LEAGUE

## FOOTBALL AND CHEER INJURY & INCIDENT REPORT FORM

**INSTRUCTIONS:** This form shall be completed by the Head Coach (football or cheer) for any injury or incident which may require referral to a physician or hospital for medical treatment. This form must be completed and turned in to the [\_\_\_\_\_] and/or [\_\_\_\_\_], email to CCYFL Executive board at info@lyflc.com (also email the medical release to above and Jay before athlete begins a Return to Play Protocol).

Athlete's Name (print) \_\_\_\_\_ Jersey Number \_\_\_\_\_  
Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_ Division \_\_\_\_\_ Team: \_\_\_\_\_  
EVENT:  Practice  Game  Scrimmage  Other (describe)

**EQUIPMENT IN PLACE AT THE TIME OF INJURY:** [Circle Appropriate Number(s)]:

1. Full Equipment and Uniform 2. Helmet Only 3. Helmet and Shoulder Pads 4. None

**POSITION:** [Circle Appropriate Number(s)]:

1. Defensive Line 2. Defensive Backfield 3. Offensive Line 4. Offensive Backfield/WO  
5. Cheer/ Other \_\_\_\_\_

**LOCATION OF INJURY:** [Indicate Left and/or Right by writing the number(s) on the line]:

Right: \_\_\_\_\_ Left: \_\_\_\_\_

- |             |           |            |                 |
|-------------|-----------|------------|-----------------|
| 1. Head     | 8. Eye    | 15. Hand   | 22. Thigh       |
| 2. Neck     | 9. Pelvis | 16. Wrist  | 23. Hip         |
| 3. Shoulder | 10. Arm   | 17. Finger | 24. Collar Bone |
| 4. Ribs     | 11. Leg   | 18. Thumb  | 25. Forearm     |
| 5. Teeth    | 12. Foot  | 19. Elbow  | 26. Spleen      |
| 6. Mouth    | 13. Ankle | 20. Toe    | 27. Kidney      |
| 7. Nose     | 14. Knee  | 21. Back   | 28. Genitals    |
| 29. Other   | _____     |            |                 |

**TYPE OF INJURY:** [Circle the Number(s) of the known or suspected nature of injury/incident.

If multiple injuries or incidents, Circle to correspond to the injury from the previous section]:

- |                     |                              |                          |
|---------------------|------------------------------|--------------------------|
| 1. Fracture         | 4. Bruise / Contusion        | 7. Puncture              |
| 2. Sprain / Strain  | 5. Laceration                | 8. Symptom of Concussion |
| 3. Tear             | 6. Dislocation / Subluxation |                          |
| 9. Other (Describe) | _____                        |                          |

**TREATMENT PROVIDED:** [Circle Appropriate Number(s)]:

- |                                 |                     |                                |
|---------------------------------|---------------------|--------------------------------|
| 1 Ice                           | 4. Compressions     | 6. Taping / Splinting          |
| 2. Observation                  | 5. Returned to Game | 7. Referred to Physician _____ |
| 3. Request Ambulance/ EMT       | 8. Other            | _____                          |
| 9. Transported by other (name): | _____               |                                |

**Description:** (Briefly describe the actions of the athlete, the athlete's chief complaint or issue, and your suspicion of the nature of the injury, or attach additional pages): \_\_\_\_\_

Head Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_