



# National Youth Sports Leagues

## Notice of Injury

### INJURED PERSON

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ PHONE#: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

WERE PARENTS: ( ) NOTIFIED ( ) PRESENT WHEN INJURY TOOK PLACE?

### INJURY INFORMATION

DAY OF INCIDENT: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

PLACE OF INJURY (FACILITY NAME): \_\_\_\_\_

LOCATION OF INJURY (GYM, BASEBALL FIELD, ETC.): \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### WITNESS INFORMATION

COACH'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

REFEREE/UMPIRE'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

WITNESS #1 NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

WITNESS #2 NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

WITNESS #3 NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

INJURY REPORTED BY: \_\_\_\_\_ PHONE#: \_\_\_\_\_

*PLEASE PRINT CLEARLY AND RETURN THIS INFORMATION WITHIN 48 HOURS TO:*

**NATIONAL YOUTH SPORTS LEAGUES  
8615 WEST KELTON LANE, SUITE 301 PEORIA, AZ 85382  
PHONE 623-298-2341 FAX 602-445-9391**