

LINCROFT LITTLE LEAGUE NOTIFICATION OF INJURY

Injured Player's Name		Telephone	Social Security #	Birth Date
Address			Activity / Sport: <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Other _____	
Date of Injury	Time of Injury	Place Injury Occurred		
Nature of Injury (please describe fully, indicating what part of the body was injured)				
How injury occurred (please describe fully, providing all details)				
Did the injury occur		Yes	No	Supervisor's Name
a) while injured player was supervised		<input type="checkbox"/>	<input type="checkbox"/>	Home Telephone Work Telephone
b) during sponsored activity		<input type="checkbox"/>	<input type="checkbox"/>	Supervisor's Title: <input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Other _____
c) during programmed hours		<input type="checkbox"/>	<input type="checkbox"/>	Team's Name League/Division
d) on activity premises		<input type="checkbox"/>	<input type="checkbox"/>	Other Comments:
e) while traveling to or from a regularly scheduled activity in a supervised group		<input type="checkbox"/>	<input type="checkbox"/>	
<p>The above named player is a regular member of the League and was injured while a regular member of such team and in the manner described above.</p>				
_____ Supervisor's Signature			_____ Date	

*This form should be completed whenever any player is injured during practice or league play.
The completed form should be forwarded to the Vice President of Administration of the Lincroft Little League*