

AAL Injury Report

Date: _____

Date of Injury: _____

Player's Name: _____

Parent's Name: _____

Address: _____

Phone#: _____

Division: _____ Team: _____

Manager: _____

Type of Injury: _____

When did injury happen? Practice Game

Did Manager Witness Accident? Yes No

Describe Incident: _____

Was Medical Care Required? Yes No

Name of Insurance Carrier: _____

Policy #: _____

Name of Insured: _____

Manager's Signature: _____