

DELTA YOUTH FOOTBALL LEAGUE, INC.
"INJURY REPORT FORM"

FRANCHISE NAME: _____

PARTICIPANTS NAME: _____

DATE/TIME OF INJURY: _____

TYPE OF INJURY: _____

WAS A DOCTOR REQUIRED: _____

DATE PLAYER RETURNED: _____

I CERTIFY THE AFOREMENTIONED TO BE TRUE:
(Head Coach or Franchise Presidents Signature Required)

Date: _____

DESCRIBE WHAT HOW THE INJURY OCCURRED:

(Franchise Presidents Signature & Date)

(Commissioner or Conf VP Signature & Date)