



2010 Injury Report

Mason Youth Organization
Little League District 9

This form must be submitted for every injury which occurs during a little league function, practice or game. Complete this form and forward the MYO Safety Director Jim Erjavec at: safety@masonyouth.org

Date: _____ Time: _____ League: _____

Name of injured person: _____

Injured person was (X): _____ player _____ spectator _____ other

Type of Incident: _____

Action taken (X): ___ First aid at field ___ To Doctor ___ To Hospital

Cause of injury: _____

Follow-up Contact of injured person: _____

Phone number: _____

Person Filling Report: _____

Phone number: _____

Email: _____