



PALM BEACH GARDENS
YOUTH ATHLETIC ASSOCIATION

PALM BEACH GARDENS
YOUTH ATHLETIC ASSOCIATION, INC

4029 Johnson Dairy Road, Palm Beach Gardens, FL 33410
561-594-2859

A Non-Profit Organization

Injury Report Form

Sport _____

Date of Accident _____ Time _____

Name of Injured Person _____ Date of Birth _____

Address _____

Phone Number _____ Parent/Guardian Name _____

Phone Number _____ Parent/Guardian Name _____

Location of Accident _____

Describe how the person was injured _____

Noticeable Injuries (check all that apply)

- Cut Bruise Thigh Knee Lower Leg
- Ankle Foot Hip Abdomen Chest
- Back Neck Shoulder Arm Wrist
- Hand Thumb Finger Head Face
- Eye Nose Mouth Teeth Other

Medical Aid Rendered: None Needed []

Called 911 []

First aid given [] – Describe _____

Taken to Hospital – By Whom _____

Hospital _____

If injured person is under 18 years of age was a parent or legal guardian notified?

Yes [] In Person [] Phone [] No []

Injured person released to Self/Parent/Other Party name _____

Describe condition of injured person at time of release _____

Name(s) of witness(es) at time of accident

Name Phone _____

Name Phone_ _____

Name of person completing report _____

Date _____

All injuries, including blows to the head, should be attended to by a medical professional immediately.

An Accident Report Form should be completed any time there is an injury or accident.

The Accident Report form is to be completed only by PBG Coaching staff and Team Managers.

If you or someone else has additional comments, please put those on a separate paper and attach to the Accident Report Form.

League Use:

Player released to return back to play: Yes [] Date _____

League signature: _____