



**MidValley Pop Warner Football & Cheer, Inc.**

PO Box 1112 ❖ Albany, OR 97321 ❖ (541) 974-7974

## INJURY REPORT

**Instructions:** Complete report as thoroughly as possible and return to MidValley Pop Warner staff within 24 hours after injury occurs. Form should be faxed to 1-800-960-4568 or scanned and emailed to [info@mvpopwarner.com](mailto:info@mvpopwarner.com).

**ASSOCIATION:** Albany  Corvallis  Lebanon  Salem/Silverton

**DIVISION:** Tiny Mite  Mitey Mite  Jr. Pee Wee  Pee Wee  Junior  Senior

**INJURED PERSON:** Player  Cheerleader  Coach  Official  Spectator

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### INJURY DETAILS

**ACTIVITY:** Practice  Scrimmage  Game  Other  (Explain) \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**DATE INJURY OCCURRED:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ : \_\_\_\_\_ AM/PM (circle one)

Were medical emergency personnel called to the site? Yes  No

Description of injury and circumstances: (Be as specific as possible; Attach additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Coach: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name)

### WITNESS INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



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