



P.O. Box 26031
Wauwatosa, WI 53226
Youth - Sportsmanship

DATE: _____

WAUWATOSA BASEBALL LEAGUE, INC.

PLAYER INJURY - ACCIDENT FORM

PLAYER INFORMATION:

Player's Name: _____ Sex: _____ Age: _____

Address: _____

Phone #: _____

Team: _____ League: _____

Name of Coach: _____ Phone #: _____

Name of Manager: _____ Phone #: _____

Brief Description of Injury or Accident: _____

Disposition of Injured Player: (i.e. - turned over to parents, hospital, injury or trauma center, or clinic)

PLEASE NOTE: All accidents or injuries must be reported within 24 hours of accident.
Any injury which prevents player from continuing, should be reported
whether in practice or a game.

PLEASE MAIL THIS FORM TO THE ADDRESS ABOVE