

## DUNBAR LITTLE LEAGUE INJURY REPORT 2009

Please complete this form when reporting an injury which has occurred while participating in Dunbar Little League practice or game. Place cursor in grey area to complete. Thanks.

**Injured person** – Name:

**Injury:** Date (dd/mm/yyyy):      Time:      Field:

**Injury occurred during a:**  Game  Practice

**Injured person was:**  Player/  Coach/  Parent/  Other, please specify:

**Division:**  Blastball  T Ball  Minor B

Minor A:  Jr /  Sr  Majors  Tournament

**If player, what position was the individual playing at time of injury (eg. batter, 1<sup>st</sup> base, etc)?**

**What was the nature of injury?** Was player hit by ball, bat, another player, etc?

**Did injured person require:** First Aid?  Yes /  No    Trip to hospital?  Yes /  No

**Any other comments?**

**Person completing form:**

Name:

Relationship to injured person:

How may you be contacted? Phone Number:      Email Address:

**Thank you for completing this form.** Please either email, print and fax/or mail to:

Wendy Epp, DLL Safety Officer  
3692 West 22<sup>nd</sup> Avenue  
Vancouver, BC  
V6S 1J6