PART III – TO BE COMPLETED BY AUTHORIZED TEAM OFFICIAL

AMERICAN YOUTH FOOTBALL - INJURY REPORT – 2011 SEASON

(For FOOTBALL injuries which occur between 06-30-2011 and 06-29-2012)

Circle appropriate number and/or ( ); Fill in relevant blanks.

Name of Injured Person:	Name of Insured Organization:
Name of Team Official Completing This Form:	Day Phone # Team Official ( ) .

Please Complete Separate Form If Injury Is To Cheerleader

A. INJURED PERSON IS: (Football Player) (Coach)
Other: _____

B. AGE OF INJURED PERSON: _____

C. GENDER OF INJURED PERSON: (Male) (Female)

D. DATE OF INJURY: _____ - _____ - _____
MONTH DAY YEAR

E. AYF DIVISION AND CLOSEST AGE GROUP:
(1) Tackle 9 & Under
(2) Tackle 12 & Under
(3) Tackle 15 & Under
(4) Flag/Touch Ages 5-15

F. PLAYER SELECTION:
(1) All who register play, No Cuts
(2) Selected at tryouts, Some Cuts

G. WEIGHT CATEGORIES:
(1) None/Unlimited
(2) Weight Limits Apply For All Players
(3) Weight Limits Only Apply For Ball Carriers

H. WEIGHT OF INJURED PLAYER AS COMPARED TO OTHERS IN AGE GROUP:
(About Average) (Below Average) (Above Average)
(Significantly Below Average) (Significantly Above Average)

I. WAS INJURY IMPACTED BY COLLISION WITH A PLAYER WHO WAS OVER 35 LBS HEAVER THAN INJURED PLAYER?
(Yes) (No)

J. TYPE OF PLAY DURING INJURY:
(1) Offense
(2) Defense
(3) Kicking off
(4) Receiving Kick off
(5) Kicking Field Goal/Extra Point
(6) Defending Field Goal/Extra Point
(7) Punting
(8) Receiving Punt
(9) Other: _____

K. POSITION PLAYED AT TIME OF INJURY:
(1) Offensive Line
(2) Quarterback
(3) Running Back
(4) Receiver
(5) Defensive Line
(6) Linebacker
(7) Secondary
(8) Kicker-Kick off
(9) Kicker-Field Goal/Extra Point
(10) Place Holder
(11) Punter
(12) Kick off Returner
(13) Punt Returner
(14) Kick off Return Blocker
(15) Kick off Tackler
(16) Punt Return Blocker
(17) Punt Tackler
(18) Other: _____

L. INJURY OCCURRED DURING:
(1) Traveling to/from game or practice
(2) Before game or practice
(3) After game or practice
(4) Game: _____ quarter
(5) Halftime
(6) Practice: (Early) (Mid) (Late)
(7) Practice under game conditions
(8) Non-sport outing
(9) Other: _____

M. ACTIVITY WHILE INJURED:
(1) Blocking
(2) Tackling
(3) Shedding Blocker
(4) Running with ball
(5) Passing
(6) Catching ball
(7) Defending passed ball
(8) Kicking
(9) Punting
(10) Running without ball
(11) Other: _____

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N. LOCATION WHERE INJURY OCCURRED:
(1) On Field
(2) End Zone
(3) Sidelines
(4) Spectator Area
(5) Locker Room
(6) Other: _____

O. SITUATION (PHYSICAL CAUSE OF INJURY):
(1) Blocked by player
(2) Blocked from behind
(3) Blocking player
(4) Tackled by player
(5) Tackling player
(6) Collided with opponent
(7) Collided with teammate
(8) Fell on/stepped on by player
(9) Fell on/stepped on player
(10) Contact with ground
(11) Contact with object
(12) Non Contact
(13) Other: _____

P. PRINCIPAL BODY PART INJURED:
(1) Eye(s)
(2) Ear(s)
(3) Nose
(4) Cheek
(5) Chin
(6) Jaw
(7) Mouth/teeth
(8) Head
(9) Chest
(10) Stomach
(11) Hip
(12) Groin
(13) Back
(14) Neck
(15) Shoulder
(16) Upper Arm
(17) Elbow
(18) Forearm
(19) Wrist
(20) Hand
(21) Finger(s)/Thumb
(22) Thigh
(23) Shin
(24) Knee
(25) Ankle
(26) Foot
(27) Other: _____

Q. PRIMARY TYPE OF INJURY:
(1) Cut/Scrape
(2) Bruise/Contusion
(3) Joint Sprain
(4) Dislocation
(5) Fracture
(6) Concussion
(7) Heat Illness
(8) Dental
(9) Pulled Muscle
(10) Other: _____

R. DISPOSITION: (ambulance) (auto to hospital)
(on site cure only) (unknown) (other: _____)

S. ABSENCE FROM PLAY: (none) (< 1 week)
(1-3 weeks) (3+ weeks) (unknown) (other: _____)

T. SPECIAL CIRCUMSTANCES:
(1) Penalty: (Against Injured Person) (Against Opponent)
(2) Safety Equipment Not Used That Could Have Prevented Injury: _____
(3) Safety Equipment Contributed To Injury: _____
(4) Improperly Maintained Field/Facility:
(Rock on Field) (Hole/Rut) (Slippery Area) (other: _____)
(5) Weather Conditions Contributed To Injury:
(hot) (cold) (rain) (ice) (other: _____)

(U) DESCRIBE HOW INJURY HAPPENED: (Please be specific)