

PART 1A – AMERICAN YOUTH FOOTBALL – INJURY REPORT

To Be Completed By Authorized Team Official

Complete separate form if injury is to cheerleader

Name of Injured Person:		Father's Name:	
Name of Insured Organization:		Father's Email:	
Name of Member Association (if Conference):		Mother's Name:	
Name of Team Head Coach:		Mother's Email:	
Contact Information for Team Official Completing this Form:			
Full Name:	Title (coach, game official, league rep, etc.):	Phone #:	Date:
Address (Street):		Email Address:	
Address (City, State, Zip):		Signature:	
Did Accident occur during an association/team-sanctioned event with adult supervision: (Yes) (No)			

CIRCLE APPROPRIATE NUMBER OR () & FILL IN RELEVANT BLANKS.

- 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 (3) Tackle 15 & Under
(2) Tackle 12 & 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 HEAVIER THAN INJURED PLAYER?**
(Yes) (No)
- J. TYPE OF PLAY DURING INJURY:**
(1) Offense (6) Defending Field Goal/Extra Point
(2) Defense (7) Punting
(3) Kicking off (8) Receiving Punt
(4) Receiving Kick off (9) Other: _____
(5) Kicking Field Goal/Extra Point
- K. POSITION PLAYED AT TIME OF INJURY:**
(1) Offensive Line (10) Place Holder
(2) Quarterback (11) Punter
(3) Running Back (12) Kick off Returner
(4) Receiver (13) Punt Returner
(5) Defensive Line (14) Kick off Return Blocker
(6) Linebacker (15) Kick off Tackler
(7) Secondary (16) Punt Return Blocker
(8) Kicker-Kick off (17) Punt Tackler
(9) Kicker-Field Goal/Extra Point (18) Other: _____
- L. INJURY OCCURRED DURING:**
(1) Traveling to/from game or practice (6) Practice: (Early) (Mid) (Late)
(2) Before game or practice (7) Practice under game conditions
(3) After game or practice (8) Non-sport outing
(4) Game: _____ quarter (9) Other: _____
(5) Halftime
- M. ACTIVITY WHILE INJURED:**
(1) Blocking (7) Defending passed ball
(2) Tackling (8) Kicking
(3) Shedding Blocker (9) Punting
(4) Running with ball (10) Running without ball
(5) Passing (11) Other: _____
(6) Catching ball

N. LOCATION WHERE INJURY OCCURRED:

- (1) On Field (4) Spectator Area
(2) End Zone (5) Locker Room
(3) Sidelines (6) Other: _____

O. SITUATION (PHYSICAL CAUSE OF INJURY):

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

P. PRINCIPAL BODY PART INJURED:

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

Q. PRIMARY TYPE OF INJURY:

- (1) Cut/Scrape (6) Concussion
(2) Bruise/Contusion (7) Heat Illness
(3) Joint Sprain (8) Dental
(4) Dislocation (9) Pulled Muscle
(5) Fracture (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)
