

South Baltimore Youth Soccer League

Injury Report

For significant injuries requiring professional medical attention

Date of Incident:	
Name of Injured Person:	
Email of Injured Person or Parent/Guardian:	
Phone Number of Injured person or Parent/Guardian:	
Nature of Injury:	
Description of Incident:	
Actions Taken by Coach(es):	
Actions Taken by Game Official(s) (referee(s)):	
Actions Taken by SBYSL Official(s) (President, Vice President, Treasurer, Secretary):	
Additional Remarks:	
Submitted By:	
Submitter's Email:	
Submitter's Phone Number:	
Date Submitted:	

Please use this space for any additional information you would like to provide: