

GCYAA Injury Report

Player injured: _____

League: _____

Team: _____

Day and Date of Injury: _____

City Park Field #: _____ Moeller Field #: _____

Description of Injury: _____

Type of Health Insurance: _____

Manager's Signature: _____

Parent's Signature: _____

Dated: _____

Received By: _____

Dated: _____

Additional Comments: _____
