



Downriver Junior Football League INCIDENT REPORT



Team Name: _____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: M or F

City: _____ State: _____ Zip: _____ H/C Phone: () _____

Parent's Name (if Player): _____ Work Phone:() _____

Parent's Address (if Different): _____ City: _____

Incident occurred while participating in: Practice or Game

Type of Injury: _____

Please give a short description of incident: _____

Description of treatment by Franchise: _____

Was first aid required: Yes or No If Yes, what: _____

Was professional medical treatment required? Yes or No If Yes, what: _____

(If Yes, the player/cheerleader must present a non-restrictive medical release prior to being allowed to participated in a game or practice.)

Follow-up: _____

Organization Signature: _____ Print _____ Date _____

Parent's Signature: _____ Print _____ Date _____

DJFL President Signature: _____ Print _____ Date _____