



ROYAL OAK SANDLOT LEAGUE INJURY REPORT FORM

Complete this form when a player, coach, manager or umpire suffers an injury.

INJURED PERSON INFORMATION:

Name: _____ Sex: M F Phone No. _____
Address: _____
Player _____ Coach _____ Manager _____ Umpire _____ Other (Specify) _____
Parent/Guardian present when injury occurred:
Yes: _____ Parent/Guardian Name _____
No: _____ Date and Time when Parent/Guardian was contacted: _____

INJURY INFORMATION:

Date Reported: _____ Date of Injury _____ Time of Injury _____
Location/Field where injury occurred: _____
Team Name: _____ Person Reporting Injury: _____
Was there anyone else involved in this person's injury? No/Yes: Name(s) _____
Was there anyone else injured? No/Yes: Name(s) _____
(If yes, an additional injury report is required for each person's injury.)

Injury occurred in: Game/Practice/Clinic/Pre-Game/Other (please specify): _____
Type of Injury (See Injury Procedure on back and circle one): Serious/Moderate/Undetermined
Was the person unconscious? No/Yes: Did the person resume consciousness? No/Yes
Did the person continue in game or practice? No/Yes (Injured person cannot make this decision.) If yes, name of person who made the decision to allow the person to continue to play (must be coach or parent/guardian): _____

Describe in detail how incident and injury occurred (attach additional sheet if more space is required):

Were there any witnesses? No/Yes. Provide name(s), phone number(s) and address(es) of all witnesses.
1. _____
2. _____
3. _____

Authorities contacted (police, fire, ambulance, etc.): No/Yes, record: _____

Went to hospital? No/Yes: Which hospital? _____ Transported by _____

REQUIRED SIGNATURES:

Reporting Manager's Signature	Reporting Manager's Printed Name	Date
Parent/Guardian Signature	Parent/Guardian Printed Name	Date
Injured Person's Signature	Injured Person's Printed Name	Date

Submit completed form to your League Vice President. Please check here if parent/guardian wants a copy of this form _____

IF AN INJURY REQUIRES MEDICAL ATTENTION OF ANY KIND, THE LEAGUE MUST RECEIVE A SIGNED DOCTOR OR PARENT/GUARDIAN RELEASE FORM BEFORE THE PLAYER WILL BE ALLOWED TO PARTICIPATE IN ROSL PRACTICES OR GAMES.

ROYAL OAK SANDLOT LEAGUE INJURY REPORT PROCEDURE

If a Player, Coach, Manager, Umpire is injured during a ROSL authorized practice, clinic, pre-game warm-up or game and the injury results in the Player being removed from play the following actions shall be taken:

Serious Injury: If it is apparent to the Player's Parent (s), Coach and/or Umpire that the injury is in immediate need of medical attention the Player's Parents shall decide how the Player should be transported to a medical treatment facility. If the Player's Parents are not present at the event or activity the Player's Manager shall contact the Royal Oak Fire Department to respond and transport the Player to the nearest Emergency Medical Facility. If an Assistant Manager, or Coach is available, a Manager should accompany the Player to the Medical Facility if the Parent (s) are not available.

Moderate Injury: If the injury is not in immediate need of medical treatment but the Player needs to be removed from the game, practice or event the Manager shall notify the Parent (s) as soon as reasonably possible. It shall be the Parent's responsibility to seek the appropriate medical attention for their child.

Undetermined Injury: If the injury takes place and the Player continues in the game but later determines that the injury is of a nature that needs medical attention it shall be the responsibility of the Parent (s) to notify the Manager and ROSL as soon as reasonably possible.

THE TEAM MANAGER, IN ALL CASES, SHALL COMPLETE AN INJURY REPORT AND SUBMIT THE REPORT, BY HAND TO A LEAGUE VICE PRESIDENT. THE LEAGUE VICE PRESIDENT SHALL REVIEW THE INJURY REPORT AND DELIVER IT TO THE BOARD OF DIRECTORS.

PARENT WAIVER AND CONSENT FORM SIGNED AT TIME OF REGISTRATION STATES:

"As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the sport of baseball/softball. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in travelling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in baseball/softball and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Royal Oak Sandlot League, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the course of participation in baseball/softball and the activities incidental thereto, whether the result of negligence or any other cause. I also agree that should a condition present itself during the course of my child's participation with ROSL that would restrict or limit my child's ability to participate or that would increase the risk of injury to him/her or his/her teammates, I will immediately inform the ROSL."