6.3 Safety/Injury Report



SEAVIEW LITTLE LEAGUE SAFETY / INJURY REPORT

			<u>Iniured Inform</u>				
Name of Injured:			Date of Injury:				
Phone Number:				Email Address:			
			Division				
	T-Ball (Ages 5-8)	П	Minor (Ages 7-12)			Major (Ages 9-12)	
	Junior (Ages 13-14)	H	Senior (Ages 14-16))	П	Big League (Ages 16-18)	
ш	rumor (riges 15 11)	Ц	Semor (riges 11 10)	,	ш	Dig League (riges 10 10)	
			Category	/			
	Player		Volunteer Umpire	,		Scorekeeper	
\exists	Manager, Coach		Player Agent			Volunteer Worker	
Ш	Widninger, Coden		rayer rigent		Ш	Volunteer Worker	
			Type of Ev	ent			
	Tryouts		Scheduled Game	OTIL		Tournament	
\vdash	Practice		Special Event (Not	Game)		Other	
ш	Tractice		Special Event (110t	Game)	Ш	Other	
Incident Information							
moldon memation							
Description of Incident:							
			Action Tak	en			
	First Aid at Field		To Doctor			To Hospital	
Person Filina Report							
Name: Date:							
Phone Number:			Email Address:				
THIS FORM <i>MUST</i> BE SUBMITTED FOR EVERY INJURY WHICH OCCURS DURING A							
	LITTLE LEAGUE FUNCTION, PRACTICE OR GAME.						
	LITTLE LEAGUE I GROTION, I NACTICE ON GAME.						
	Complete the form and send it to the Safety Officer:						
	Brian Hunt						
	safety@seaviewlittleleague.com						
		<u> </u>	Sarety @ Scavic Wilther	cagac.com			
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