

### 6.3 Safety/Injury Report



#### SEAVIEW LITTLE LEAGUE SAFETY / INJURY REPORT

##### Injured Information

Name of Injured:

Date of Injury:

Phone Number:

Email Address:

##### Division

☐ T-Ball (Ages 5-8)

☐ Minor (Ages 7-12)

☐ Major (Ages 9-12)

☐ Junior (Ages 13-14)

☐ Senior (Ages 14-16)

☐ Big League (Ages 16-18)

##### Category

☐ Player

☐ Volunteer Umpire

☐ Scorekeeper

☐ Manager, Coach

☐ Player Agent

☐ Volunteer Worker

##### Type of Event

☐ Tryouts

☐ Scheduled Game

☐ Tournament

☐ Practice

☐ Special Event (Not Game)

☐ Other

##### Incident Information

Description of Incident:

##### Action Taken

☐ First Aid at Field

☐ To Doctor

☐ To Hospital

##### Person Filing Report

Name:

Date:

Phone Number:

Email Address:

**THIS FORM MUST BE SUBMITTED FOR EVERY INJURY WHICH OCCURS DURING A LITTLE LEAGUE FUNCTION, PRACTICE OR GAME.**

**Complete the form and send it to the Safety Officer:**

**Brian Hunt**

[safety@seaviewlittleleague.com](mailto:safety@seaviewlittleleague.com)