BARLA

21/9/03

W.R.Y.A.R.L.

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West Riding Youth Amateur Rugby League

Injury Report Form

Completed forms to: League Secretary, copy to BARLA and a further copy to the League Principal Registration Secretary

Date injury occurred :- _____ Name of injured person (print) :- _____

Did injury occur :- (*please tick*) In a match ☐ At a training session ☐

Name of Club to which injured person is affiliated :- _____

Nature of affiliation to Club (*i.e.* player, coach) _____ If a player, state age group :- _____

If injury occurred in a match give name of referee at the time of injury:- _____

Is the referee a qualified match official YES ☐ NO ☐

Was the inured person taken to a hospital YES ☐ NO ☐

Address of injured person :- _____

_____ Telephone number (including area code) _____

Give name of any witness to incident :- _____

Telephone number (including area code) _____

Were relatives or parents/guardian informed of injury YES ☐ NO ☐

Did the person receive an injury to the head YES ☐ NO ☐

Was the person ever unconscious YES ☐ NO ☐

Details and cause of injury

Signed :- _____ Date :- _____