



**GENESEE AMATEUR HOCKEY ASSOCIATION  
INJURY REPORT FORM**

Name of Injured player: \_\_\_\_\_ Date of injury(mm/dd/y): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Nature and Extent of Injury: \_\_\_\_\_

\_\_\_\_\_

How did injury occur? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe First Aid Given, Including Name(s) of Attendee(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disposition: to Hospital                      to Home                      to Physician

Other: \_\_\_\_\_

Was protective equipment worn?                      Yes                      No

Location of rink: \_\_\_\_\_

Condition of playing surface: \_\_\_\_\_

**Names and Addresses of Witnesses:**

\_\_\_\_\_  
Name                                      Address                                      Phone

\_\_\_\_\_  
Name                                      Address                                      Phone

\_\_\_\_\_  
Name                                      Address                                      Phone

**This form was developed to notify GAHA of all injuries. This form provides documentation for insurance purposes of all injuries that occur during practices and games. WHEN IN DOUBT – FILL IT OUT.**

**Procedure: coach or team official completes form and puts in registrar's mailbox**