# TRI-COUNTY FUTSAL LEAGUE

# INJURY REPORT

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|---|---|
| **Date of Injury** | |
| **Team Name/Age Group/Club** | |
| **Full Name of Injured Player** | |
| **Location** | |
| **Type of Injury** | |
| **Emergency Services Requried?** | YES / NO |
| **Description of how the injury occurred** *(use additional sheet if required)* | |
| **Person submitting report** | |
| **Contact information** | |

***Submit completed report to Tri-County Futsal Administrator within 24 hours of injury to tricountyfutsal@yahoo.com***