



# VYFL Injury Report

Name of Injured Person

Date of Incident

Chapter

Division

Freshman

Sophomore

JR Varsity

Varsity

Location of Incident

Responsible Person Contacted  
Regarding the Injury:

Phone

Relation to Injured Person

Injured Person is:

Player

Cheerleader

Coach

Spectator

Injury Occurred During:

Practice

Scrimmage

Game

Event

Describe Injury:

Describe exact circumstances which led to injury:

Was there Loss of Consciousness?

Yes

No

If so, how long?

Was EMS Called

Yes

No

Insurance Provider

Phone

Policy Number

Describe how the injury was dealt with:

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Name of Person Completing Form:

Signature:

Date:

Head Coach:

Signature:

Date:

Submit this form to VYFL within 48 hours of the incident. Chapter or Team AD will also file a copy. The report can be completed and emailed to [valleyyouthfootballleague@gmail.com](mailto:valleyyouthfootballleague@gmail.com). If the incident is of a serious nature, after first notifying emergency personnel and parent or contact for the injured individual, please notify via phone call Mario Pena @ (661)-852-1031.

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## Return To Activity

Filed with Team or Chapter AD

Approving medical person's name:

Approving Medical persons phone:

Limitations?

Length of Limitation:

Parent/Guardian Print:

Parent/Guardian Sign:

Date

Head Coach Print:

Head Coach Sign:

Date