

MNLL Safety / INJURY REPORT

Date _____ Time _____ League _____

Name of Injured Person: _____

Phone Number of injured person _____

DIVISION: Major Minor Federal T-Ball Team _____

TYPE OF INCIDENT (Brief Description) _____

Action Taken: First Aid at field To Doctor To Hospital

Cause (Brief Description) _____

Person Filing Report _____

Phone Number _____

League Position _____

THIS FORM MUST BE SUBMITTED FOR EVERY (major or minor) INJURY WHICH OCCURS DURING A LITTLE LEAGUE FUNCTION, PRACTICE OR GAME.

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

Dave Mahoney

82 Russell St, Melrose MA 02176