



# PLYMPTON ASSOCIATION OF YOUTH SPORTS

## Player Injury Report Form

### COACH USE ONLY

This form is for coaches or assistant coaches to fill out when an accident or injury occurs.

#### Player Information

First and Last Name	Gender	Date of Birth
Home Address	Phone Number	Sport

Date and time of injury	Did the incident take place during an event managed by PAYS? Yes _____ No _____	If so, where did incident take place?
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Describe the injury and how the injury occurred

Was first aid required?  
 YES  NO

Was first aid administered?  
 YES  NO

Were police, fire, or EMTs summoned?  
 YES  NO

Were the injured player's parents/guardians notified? If so, how and when?

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**I hereby state that to the best of my knowledge, my answers to the above questions are complete and correct.**

Name of coach completing form (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email a scan or picture of this completed report to [info@plymptonyouthsports.com](mailto:info@plymptonyouthsports.com) within 24 hours of any injury.**

#### ***PAYS Use Only***

Name of Sports Director/Board Member that reviewed this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: