



Los Alamos Youth Soccer League Injury Report

Email to layslpresident@gmail.com

Player Information

Name: _____ NMYSA ID#: _____*

Address: _____

Team Name: _____ Team #: _____*

Parent/Guardian: _____ Coach: _____

Injury Information

Date of Injury: _____ Location: _____

Event (game, practice, tournament): _____

Type of Injury (e.g., broken left wrist): _____

Injury occurred from: ☐ Collision with person ☐ Collision with object ☐ Fall
☐ Hit with object ☐ No contact Other _____

How did injury occur? _____

Action taken: _____

Form submitted by: _____ Date _____

Email: _____ Phone: _____

*If this information is not known, it will be obtained at a later date from registrar