



DISTRICT 10
PRELIMINARY INJURY REPORT

PLEASE PRINT

PLAYER NAME: _____ DATE: _____

PARENTS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ PHONE: _____

AGE: _____ DOB _____ LEVEL _____

DATE OF INJURY: _____ AM OR PM _____

ASSOCIATION: _____

HOW DID THE INJURY OCCUR: _____

WAS AN AMBULANCE CALLED: _____ EMERGENCY TREATMENT: _____

IF YES DESCRIBE: _____

PLEASE SEND TO:

JEANETTE HAMM-JELINEK
DISTRICT 10 RISK MANAGER
4812 108th LN NE
CIRCLE PINES, MN 55014
763-784-3807

THIS IS NOT A INSURANCE CLAIM FORM!!