

# Twin Hills ASA Softball

Field Address  
3001 Calle Abajo  
San Diego, CA 92139

Mail Address  
P.O. Box 390638  
San Diego, CA 92149

www.thsoftball.com  
(619) 313-3879

## ACCIDENT & INJURY REPORT

Name of Injured Player: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Field: \_\_\_\_\_

Manager: \_\_\_\_\_ Coach(s): \_\_\_\_\_

Type of injury received: \_\_\_\_\_

Describe incident leading to injury: \_\_\_\_\_

Contributory Negligence:  Yes  No

Sketch area where incident took place:

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Received by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Action taken by league:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_