

DISTRICT 55 SAFETY/INJURY REPORT

Date _____ Time _____ League _____

Name of Injured Person: _____

Phone Number of injured Person: _____

DIVISION: Minor Major Junior Senior Big League

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 Newport Beach Little League (District 55) Safety Officer:

Craig Caliger
6 Winthrop
Newport Beach, CA 92660

Craig.caliger@cnb.com