



# Fremont Youth Soccer Club

## *Injury Report*

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**Player's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Player's Associated Club:** \_\_\_\_\_

**Description of Incident/ Injury:** \_\_\_\_\_

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**Was The Player Removed From Activity:**    **Yes**    **No**

**If No, Why:** \_\_\_\_\_

**Treatment Given:** \_\_\_\_\_

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**Coach/ Witness Name:** \_\_\_\_\_

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I, \_\_\_\_\_, acknowledge that I have received and been informed of a head injury to my son/ daughter on (date) \_\_\_\_\_. I also understand that my son/ daughter will not be allowed to return to play without a note from a Certified Medical Professional that my son/ daughter has completed a graduated Return to Play Protocol of at least seven days.

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_