

CYO INJURY REPORT



GENERAL INFORMATION

NAME of person filing report: _____

Telephone number of person filing report: _____

NAME of person injured: _____

Telephone number of person injured: _____

Parent/Guardian names of person injured: _____

PARISH of person injured: _____

SPORT (Please circle one):	Basketball	Cheerleading	Cross Country	Football
	Soccer	Softball	Track	Volleyball

DIVISION (Pee Wee/Minor/Cadet/Junior/High School): _____ LEAGUE: _____

INJURY INFORMATION

DATE of injury: _____ SITE of injury: _____

TEAMS INVOLVED (if a game situation): _____

AUTHORITY CONTACTED (911, Parent/Guardian): _____

DESCRIPTION OF INJURY (use reverse side if necessary): _____

FOLLOW-UP INFORMATION (for CYO Office USE)

List person(s) and date(s) contacted regarding the injury: _____

This form should be mailed, e-mailed or faxed to the CYO Office
 (1933 Spielbusch Avenue, Toledo 43604-5360, CYO@toledodiocese.org, fax 419-244-3420)
within 48 hours of the occurrence of an injury