

Appendix A

Injury Contact Form

Wings Soccer Club

The purpose of this form is to gather contact information for the Wings Director of Coaching so that coaches can be updated with the status of their injured players. This form also verifies the individual that will be responsible for reporting injuries for each team. Please email, fax, or send this completed form to the following:

Wings Soccer Club
P.O. Box 41534
Plymouth, MN 55441
Fax: 763-535-4687
wsclub@qwest.net

Team Age Group and Level _____

Who will be responsible for reporting injuries for the team?

Coach ____ Manager ____

Coach's Name _____

Coach's Phone # (best) _____

Coach's Phone # (alternative) _____

Coach's email (best) _____

Coach's Fax # (if available) _____

Manager's Name _____

Manager's Phone # (best) _____

Manager's Phone # (alternative) _____

Appendix B

Injury Report Form

Wings Soccer Club

Procedure for reporting an injury is as follows:

- Completely and legibly fill out form below.
- Email or fax the report to the following:

Wings Soccer Club
P.O. Box 41534
Plymouth, MN 55441
Fax: 763-535-4687
wsclub@qwest.net

- Inform player and parent/guardian to expect a follow-up phone call from a Wings representative or Director of Coaching within 48 hours of receiving this form.
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Today's Date _____ Boys _____ Girls _____
Team Age Group and Level _____
Coach's Name _____
Manager's Name _____

Player's Name _____
Parent's Names _____
Phone # (evening) _____
Phone # (alternative) _____

Date of injury _____
Area of body injured _____
Did the player continue playing? _____
Description of how injury occurred _____

