



**DISTRICT 10  
PRELIMINARY INJURY REPORT**

**PLEASE PRINT**

**PLAYER NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENTS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **LEVEL** \_\_\_\_\_

**DATE OF INJURY:** \_\_\_\_\_ **AM OR PM** \_\_\_\_\_

**ASSOCIATION:** \_\_\_\_\_

**HOW DID THE INJURY OCCUR:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WAS AN AMBULANCE CALLED:** \_\_\_\_\_

**EMERGENCY TREATMENT:** \_\_\_\_\_

**IF YES DESCRIBE:** \_\_\_\_\_

\_\_\_\_\_

**PLEASE SEND TO: TIM TIMM  
DISTRICT 10 RISK MANAGER  
13116 TILDEN AVE.N  
CHAMPLIN, MN. 55316  
763-427-7709**

**THIS IS NOT A CLAIM FORM!!**

