

PART 1A – AMERICAN YOUTH FOOTBALL – INJURY REPORT

To Be Completed By Authorized Team Official

Complete separate form if injury is to cheerleader

Name of Injured Person:	Father's Name:		
Name of Insured Organization:	Father's Email:		
Name of Member Association (if Conference):	Mother's Name:		
Name of Team Head Coach:	Mother's Email:		
Contact Information for Team Official Completing this Form:			
Full Name:	Title (coach, game official, league rep, etc.):	Phone #:	Date:
Address (Street):		Email Address:	
Address (City, State, Zip):		Signature:	
Did Accident occur during an association/team-sanctioned event with adult supervision: (Yes) (No)			

CIRCLE APPROPRIATE NUMBER OR () & FILL IN RELEVANT BLANKS.

A. INJURED PERSON IS: (Football Player) (Coach)
Other: _____

B. AGE OF INJURED PERSON: _____

C. GENDER OF INJURED PERSON: (Male) (Female)

D. DATE OF INJURY: _____ - _____ - _____
MONTH DAY YEAR

E. AYF DIVISION AND CLOSEST AGE GROUP:
(1) Tackle 9 & Under (3) Tackle 15 & Under
(2) Tackle 12 & Under (4) Flag/Touch Ages 5-15

F. PLAYER SELECTION:
(1) All who register play, No Cuts
(2) Selected at tryouts, Some Cuts

G. WEIGHT CATEGORIES:
(1) None/Unlimited
(2) Weight Limits Apply For All Players
(3) Weight Limits Only Apply For Ball Carriers

H. WEIGHT OF INJURED PLAYER AS COMPARED TO OTHERS IN AGE GROUP:
(About Average) (Below Average) (Above Average)
(Significantly Below Average) (Significantly Above Average)

I. WAS INJURY IMPACTED BY COLLISION WITH A PLAYER WHO WAS OVER 35 LBS HEAVIER THAN INJURED PLAYER?
(Yes) (No)

J. TYPE OF PLAY DURING INJURY:
(1) Offense (6) Defending Field Goal/Extra Point
(2) Defense (7) Punting
(3) Kicking off (8) Receiving Punt
(4) Receiving Kick off (9) Other: _____
(5) Kicking Field Goal/Extra Point

K. POSITION PLAYED AT TIME OF INJURY:
(1) Offensive Line (10) Place Holder
(2) Quarterback (11) Punter
(3) Running Back (12) Kick off Returner
(4) Receiver (13) Punt Returner
(5) Defensive Line (14) Kick off Return Blocker
(6) Linebacker (15) Kick off Tackler
(7) Secondary (16) Punt Return Blocker
(8) Kicker-Kick off (17) Punt Tackler
(9) Kicker-Field Goal/Extra Point (18) Other: _____

L. INJURY OCCURRED DURING:
(1) Traveling to/from game or practice (6) Practice: (Early) (Mid) (Late)
(2) Before game or practice (7) Practice under game conditions
(3) After game or practice (8) Non-sport outing
(4) Game: _____ quarter (9) Other: _____
(5) Halftime

M. ACTIVITY WHILE INJURED:
(1) Blocking (7) Defending passed ball
(2) Tackling (8) Kicking
(3) Shedding Blocker (9) Punting
(4) Running with ball (10) Running without ball
(5) Passing (11) Other: _____
(6) Catching ball

N. LOCATION WHERE INJURY OCCURRED:

(1) On Field (4) Spectator Area
(2) End Zone (5) Locker Room
(3) Sidelines (6) Other: _____

O. SITUATION (PHYSICAL CAUSE OF INJURY):

(1) Blocked by player (8) Fell on/stepped on by player
(2) Blocked from behind (9) Fell on/stepped on player
(3) Blocking player (10) Contact with ground
(4) Tackled by player (11) Contact with object
(5) Tackling player (12) Non Contact
(6) Collided with opponent (13) Other: _____
(7) Collided with teammate

P. PRINCIPAL BODY PART INJURED:

(1) Eye(s) (10) Stomach (19) Wrist
(2) Ear(s) (11) Hip (20) Hand
(3) Nose (12) Groin (21) Finger(s)/Thumb
(4) Cheek (13) Back (22) Thigh
(5) Chin (14) Neck (23) Shin
(6) Jaw (15) Shoulder (24) Knee
(7) Mouth/teeth (16) Upper Arm (25) Ankle
(8) Head (17) Elbow (26) Foot
(9) Chest (18) Forearm (27) Other: _____

Q. PRIMARY TYPE OF INJURY:

(1) Cut/Scrape (6) Concussion
(2) Bruise/Contusion (7) Heat Illness
(3) Joint Sprain (8) Dental
(4) Dislocation (9) Pulled Muscle
(5) Fracture (10) Other: _____

R. DISPOSITION: (ambulance) (auto to hospital)
(on site cure only) (unknown) (other: _____)

S. ABSENCE FROM PLAY: (none) (< 1 week)
(1-3 weeks) (3+ weeks) (unknown) (other: _____)

T. SPECIAL CIRCUMSTANCES:

(1) Penalty: (Against Injured Person) (Against Opponent)
(2) Safety Equipment Not Used That Could Have Prevented Injury: _____
(3) Safety Equipment Contributed To Injury: _____
(4) Improperly Maintained Field/Facility:
(Rock on Field) (Hole/Rut) (Slippery Area) (other: _____)
(5) Weather Conditions Contributed To Injury:
(hot) (cold) (rain) (ice) (other: _____)

(U) DESCRIBE HOW INJURY HAPPENED: (Please be specific)

PART 1B – AMERICAN YOUTH CHEER – INJURY REPORT

To Be Completed By Authorized Squad Official

Name of Injured Person:	Father's Name:
Name of Insured Organization:	Father's Email:
Name of Member Association (if conference):	Mother's Name:
Name of Team Head Coach:	Mother's Email:
Contact Information for Squad Official Completing this Form:	
Full Name:	Title (coach, game official, league rep, etc.):
Address (Street):	Phone #:
Address (City, State, Zip):	Date:
Signature:	
Did Accident occur during an association/team-sanctioned event with adult supervision: (Yes) (No)	

CIRCLE APPROPRIATE NUMBER OR () & FILL IN RELEVANT BLANKS.

A. INJURED PERSON IS: (Cheerleader) (Dancer) (Stepper)
(Coach) Other: _____

B. AGE OF INJURED PERSON: _____

C. GENDER OF INJURED PERSON: (Male) (Female)

D. DATE OF INJURY: _____ - _____ - _____
 MONTH DAY YEAR

E. AMERICAN YOUTH CHEER/DANCE DIVISION:

CHOOSE ONE TYPE OF SQUAD:

- (1) _____ Cheer squad **affiliated** with football team
- (2) _____ Cheer squad **NOT affiliated** with football team
- (3) _____ Dance Squad
- (4) _____ Step Squad
- (5) _____ Majorettes

CHOOSE ONE LEVEL OF SQUAD:

- (1) _____ **WHITE:** Beginner
- (2) _____ **RED:** Intermediate
- (3) _____ **BLUE:** Advanced

F. CLOSEST AGE GROUP OF SQUAD: (Circle One)

- (9 & Under) (12 & Under) (15 & Under) (18 & Under)

G. TYPE OF STUNT/TUMBLING PASS AT INJURY:

- | | |
|---|--|
| <ul style="list-style-type: none"> (1) Thigh Stand (2) Shoulder Sit/Stand (3) Elevator / Prep (4) Awesome / Cupie (5) Heel Stretch (6) Y Scale (7) Scorpion (8) Cradle (9) Full Twist Down Cradle (10) Double Twist Down Cradle (11) Bow & Arrow (12) Chin Strap (13) V-Sits | <ul style="list-style-type: none"> (14) Pendulums (15) Front Roll (16) Back Roll (17) Cartwheel (18) Round Off (19) Standing Back Handspring (20) Round off Back Handspring (21) Standing Back Tuck (22) Round off Back Tuck (23) Layout (24) Sideline Cheer-No Stunt or Tumble (25) Dancing-No Stunt or Tumbling (26) Stepping – No stunt or tumbling (27) Other: _____ |
|---|--|

H. ACTIVITY WHILE INJURED:

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> (1) Supporting (2) Throwing (3) Catching (4) Flying (5) Spotting (6) High Kicking | <ul style="list-style-type: none"> (7) Dropping (8) Lifting (9) Mounting (10) Dismounting (11) Vaulting (12) Tumbling | <ul style="list-style-type: none"> (13) Running (14) Standing (15) Jumping (16) Dancing (17) Stepping (18) Other: _____ |
|--|---|---|

I. POSITION BEING PERFORMED AT TIME OF INJURY:

- (1) Right Side Base
- (2) Left Side Base
- (3) Front Spotter
- (4) Back Spotter
- (5) Extra Spotter
- (6) Flyer
- (7) Tumbler
- (8) Dancer
- (9) Stepper
- (10) Standing In Cheer Line
- (11) Other: _____

J. INJURY OCCURRED DURING:

- (1) Travel to/from game, practice or comp
- (2) Before game/practice/competition
- (3) Practice: (Early) (Mid) (Late)
- (4) After game/practice/competition
- (5) Sideline Performance
- (6) Halftime Performance
- (7) Pep Rally
- (8) Competitive Cheer Event
- (9) Non Sport Outing
- (10) Other: _____

K. TYPE OF GROUND/FLOOR:

- (1) Grass
- (2) Dirt
- (3) Concrete
- (4) Flat, Non Spring
- (5) Spring
- (6) Other: _____

L. LOCATION WHERE INJURY OCCURRED:

- (1) On Field
- (2) End Zone
- (3) Sidelines
- (4) Indoor Competition Area
- (5) Indoor Practice Area
- (6) Warm Up Room
- (7) Spectator Area
- (8) Other: _____

M. SITUATION (PHYSICAL CAUSE OF INJURY):

- (1) Contact with ground
- (2) Collision/Contact with squad member
- (3) Supporting weight
- (4) Throwing
- (5) Catching
- (6) Non Contact
- (7) Collision W/football player
- (8) Other: _____

N. PRINCIPAL BODY PART INJURED:

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> (1) Eye(s) (2) Ear(s) (3) Nose (4) Cheek (5) Chin (6) Jaw (7) Mouth/teeth (8) Head (9) Chest | <ul style="list-style-type: none"> (10) Stomach (11) Hip (12) Groin (13) Back (14) Neck (15) Shoulder (16) Upper Arm (17) Elbow (18) Forearm | <ul style="list-style-type: none"> (19) Wrist (20) Hand (21) Finger(s)/Thumb (22) Thigh (23) Shin (24) Knee (25) Ankle (26) Foot (27) Other: _____ |
|--|---|---|

O. PRIMARY TYPE OF INJURY:

- (1) Cut/Scrape
- (2) Bruise/Contusion
- (3) Joint Sprain
- (4) Dislocation
- (5) Fracture
- (6) Concussion
- (7) Heat Illness
- (8) Dental
- (9) Pulled Muscle
- (10) Other: _____

P. DISPOSITION:

- (ambulance) (auto to hospital)
- (on site cure only) (unknown) (other: _____)

Q. ABSENCE FROM SQUAD:

- (none) (less than 1 week)
- (1-3 weeks) (3+ weeks) (unknown) (other: _____)

R. CERTIFICATION/TRAINING STATUS OF COACH:

- (1) Not certified or trained
- (2) AACCA
- (3) NYSCA
- (4) UCA
- (5) NCA
- (6) ASEP
- (7) Other: _____

S. DESCRIBE HOW INJURY HAPPENED (Please be specific)
