FOOTBALL-INJURY REPORT	
To Be Completed By Authorized Team Off	Complete separateform ifinjury is to cheerleader
Name of Injured Person:	Father's Name:
	Father's Email:
Name of Insured Organization:	Mother's Name:
Cherokee Youth Football Association	Mother's Email:
ů-	ion for Team Official Completing this Form:
Full Name:	Phone#: Date:
Address (Street):	Email Address:
Address (City, State, Zip):	Signature:
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Did Accident occur during an association/team-sanctioned ever CIRCLE APPROPRIATE NUMBER OR () & FILL IN RELEVANT BI	ANIC
A. INJURED PERSON IS: (Football Player) (Coach)	N. LOCATION WHERE INJURY OCCURRED: (1) On Field (4) Spectator Area
Other:	(1) Of Field (4) Spectator Area (5) Locker Room
B. AGE OF INJURED PERSON:	(3) Sidelines (6) Other:
C. GENDER OF INJURED PERSON: D. (Male) (Female) DATE OF INJURY:	0. SITUATION (PHYSICAL CAUSE OF INJURY):(1) Blocked by player(8) Fell on/stepped on by player
MONTH DAY YEA	
E. AYF DIVISION AND CLOSEST AGE GROUP:	(3) Blocking player (10) Contact with ground
(1) Tackle 9 & Under (3) Tackle 15 & Under	(4) Tackled by player (11) Contact with object
(2) Tackle 12 & Under (4) Flag/Touch Ages 5-15 F. PLAYER SELECTION:	(5) Tackling player (12) Non Contact (6) Collided with (13) Other:
(1) All who register play, No Cuts	opponent (15) Strict.
(2) Selected at tryouts, Some Cuts	(7) PRINICIPALIABODY PART INJURED:
G. WEIGHT CATEGORIES:	(1) Esyac(s) (10) Stomach (19) Wrist
(1) None/Unlimited	(2) Ear(s) (11) Hip (20) Hand (3) Nose (12) Groin (21) Finger(s)/Thumb
(2) Weight Limits Apply For All Players(3) Weight Limits Only Apply For Ball Carriers	(4) Cheek (13) Back (22) Thigh
H. WEIGHT OF INJURED PLAYER AS COMPARED TO OTHERS IN AGE	(5) Chin (14) Neck (23) Shin
GROUP:	(6) Jaw (15) Shoulder (24) Knee
(About Average) (Below Average) (Above Average	
(Significantly Below Average) (Significantly Above Average	(8) Head (19) Forcarm (27) Other:
 WAS INJURY IMPACTED BY COLLISION WITH A PLAYER WHO W OVER 35 LBS HEAVER THAN INJURED PLAYER? 	(D) PRIMARY TYPE OF INJURY:
(Yes) (No)	(1) Cut/Scrape (6) Concussion
J. TYPE OF PLAY DURING INJURY:	(2) Bruise/ (7) Heat Illness Contusion (8) Dental
(1) Offense (6) Defending Field Goal/Ext	ra Point (3) Joint Sprain (9) Pulled Muscle
(2) Defense (7) Punting	(4) Dislocation (10) Other: <u>(auto</u>
(3) Kicking off (8) Receiving Punt (4) Receiving Kick off (9) Other:	(5) DISPOSITION: (ambulance) to hospital)
(5) Kicking Field Goal/Extra Point	(off site cure offly) (unknown) (other
K POSITION PLAYED AT TIME OF INJURY:	S. ABSENCE FROM PLAY: (none) (< 1 week)
(1) Offensive Line (10) Place Holder	(1-3 weeks) (3+ weeks) (unknown) (other:
(2) Quarterback (11) Punter (3) Running Back (12) Kick off Returner	(1) Penalty: (Against Injured Person) (Against Opponent)
(3) Running Back (12) Kick off Returner (4) Receiver (13) Punt Returner	(2) Safety Equipment Not Used That Could Have Prevented
(5) Defensive Line (14) Kick off Return Blocke	er Injury:
(6) Linebacker (15) Kick off Tackler	(3) Safety Equipment Contributed To Injury:
(7) Secondary (16) Punt Return Blocker	(4) Improperly Maintained Field/Facility:
(8) Kicker-Kick off (17) Punt Tackler (9) Kicker-Field Goal/Extra Point (18) Other:	(Rock on Field) (Hole/Rut) (Slippery Area) (other: - <u> </u>
L. INJURY OCCURRED DURING:	(hot) (cold) (rain) (ice) (other:
(1) Traveling to/from game or practice (6) Practice: (Early) (Mi	d)
(PateBefore game or (7) Practice under game	(U) DESCRIBE HOW INJURY HAPPENED: (Please be specific)
practice conditions (48) Afteregame or quartine (8) Non-sport outing	
(8) Non-sport outing (5) Halftime (9) Other:	
M. ACTIVITY WHILE INJURED:	
(1) Blocking (7) Defending passed ball	
(2) Tackling (8) Kicking (2) Shodding Placker (9) Punting	
(3) Shedding Blocker(9) Punting(4) Running with ball(10) Running without ball	
(5) Passing (11) Other:	
MI. Catching ball	

CHEER – INJURY REPORT

To Be Completed By Authorized Squad Official	
Name of Injured Person:	Father's Name:
	Father's Email:
Name of Insured Organization:	Mother's Name:
	Mother's Email:
Cherokee Youth Football Association	
•	d Official Completing this Form:
Full Name:	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.	K. TYPE OF GROUND/FLOOR:
A. INJURED PERSON IS: (Cheerleader) (Dancer) (Stepper)	(1) Grass (3) Concrete (5) Spring
(Coach) Other:	(2) Dirt (4) Flat, Non Spring (6) Other:
C. GENDER OF INJURED PERSON: (Male) (Female)	L. LOCATION WHERE INJURY OCCURRED:
D. DATE OF INJURY:	(1) On Field (5) Indoor Practice Area (2) End Zone (6) Warm Up Room
D. DATE OF INJUNT YEAR	(3) Sidelines (7) Spectator Area
E. AMERICAN YOUTH CHEER/DANCE DIVISION:	(4) Indoor Competition Area (8) Other:
CHOOSE ONE TYPE OF SQUAD:	M. SITUATION (PHYSICAL CAUSE OF INJURY):
(1) Cheer squad affiliated with football team	(1) Contact with ground (5) Catching
(2) Cheer squad NOT affiliated with football team	(2) Collision/Contact with squad member (6) Non Contact
Dance Squad	(3) Supporting weight (7) Collision W/football player
(4) Step Squad (5) Majorettes	(4) Throwing (8) Other:
CHOOSE ONE LEVEL OF SQUAD:	N. PRINCIPAL BODY PART INJURED:
(1) WHITE: Beginner	(1) Eye(s) (10) Stomach (19) Wrist
(2) RED: Intermediate	(2) Ear(s) (11) Hip (20) Hand (3) Nose (12) Groin (21) Finger(s)/Thumb
(3) BLUE: Advanced	(4) Cheek (13) Back (22) Thigh
F. CLOSEST AGE GROUP OF SQUAD: (Circle One)	(5) Chin (14) Neck (23) Shin
(9 & Under) (12 & Under) (15 & Under) (18 & Under)	(6) Jaw (15) Shoulder (24) Knee
G. TYPE OF STUNT/TUMBLING PASS AT INJURY:	(7) Mouth/teeth (16) Upper Arm (25) Ankle
(1) Thigh Stand (14) Pendulums	(8) Head (17) Elbow (26) Foot
(2) Shoulder Sit/Stand (15) Front Roll	(9) Chest (18) Forearm (27) Other:
 (3) Elevator / Prep (4) Awesome / Cupie (16) Back Roll (17) Cartwheel 	O. PRIMARY TYPE OF INJURY:
(4) Awesome / Cupie (17) Cartwheel (5) Heel Stretch (18) Round Off	(1) Cut/Scrape (5) Fracture (8) Dental
(6) Y Scale (19) Standing Back Handspring	 (2) Bruise/Contusion (6) Concussion (9) Pulled Muscle (3) Joint Sprain (7) Heat Illness (1●) Other:
(7) Scorpion (20) Round off Back Handspring	(3) Joint Sprain (7) Heat Illness (1●) Other:
(8) Cradle (21) Standing Back Tuck	P. DISPOSITION: (ambulance) (auto to hospital)
(9) Full Twist Down Cradle (22) Round off Back Tuck	(on site cure only) (unknown) (other:
(10) Double Twist Down Cradle (23) Layout	
(11) Bow & Arrow (24) Sideline Cheer-No Stunt or Tumble	Q. ABSENCE FROM SQUAD: (none) (less than 1 week) (1-3 weeks) (3+ weeks) (unknown) (other
(12) Chin Strap (25) Dancing-No Stunt or Tumbling (12) V. Straight August 2015 (26) Straight August 2015 (27)	R. CERTIFICATION/TRAINING STATUS OF COACH:
(13) V-Sits (26) Stepping – No stunt or tumbling (27) Other:	(1) Not certified or trained
H. ACTIVITY WHILE INJURED:	(2) AACCA (4) UCA (6) ASEP
(1) Supporting (7) Dropping (13) Running	(3) NYSCA (5) NCA (7) Other:
(2) Throwing (8) Lifting (14) Standing	
(3) Catching (9) Mounting (15) Jumping	S. DESCRIBE HOW INJURY HAPPENED (Please be specific)
(4) Flying (1●) Dismounting (16) Dancing	
(5) Spotting (11) Vaulting (17) Stepping	
(6) High Kicking (12) Tumbling (18) Other:	
I. POSITION BEING PERFORMED AT TIME OF INJURY:	
 (1) Right Side Base (2) Left Side Base (3) Extra Spotter (4) Stepper (5) Extra Spotter (9) Stepper (10) Standing In Cheer Line 	
(3) Front Spotter (7) Tumbler (11) Other:	1
(4) Back Spotter (8) Dancer	
J. INJURY OCCURRED DURING:	
(1) Travel to/from game, practice or comp (6) Halftime Performance	
(2) Before game/practice/competition (7) Pep Rally	
(3) Practice: (Early) (Mid) (Late) (8) Competitive Cheer Event	
(4) After game/practice/competition (9) Non Sport Outing	
(5) Sideline Performance (10) Other:	