



<b>Medically cleared? *</b>	<b>Yes / No</b>	<b>Was protective equipment worn? *</b>	<b>Yes / No</b>
<b>Has the injury happened before?</b>		<b>Yes / No</b>	
<b>Was protective equipment worn?</b>		<b>Yes / No</b>	
<b>What type:</b>			

Upon completion, please submit reports to your club/competition. These need to be entered into GameDay by the club GameDay admin users in case an insurance claim needs to be made.

If the injury occurs during tournaments/events or programs, please submit to the tournament director/program coordinator.