Rio Rapids Soccer Club Injury Report Form:

INJURED PERSON: ☐Player ☐Official ☐Coach ☐Spectator ☐Other_____
NMYSA PLAYER ID#_____

DATE: **TIME:** ☐ am ☐ pm	**TEAM NAME:** **NMYSA TEAM #**

NAME OF INJURED PERSON:_____ ☐M ☐F **DOB:**__/___/___

ADDRESS/CITY/STATE/ZIP:_____

NAME OF PARENT/GUARDIAN (If injured person is a minor):_____

PHONE:_____**EMAIL:**_____

NAME OF VENUE:

TYPE OF PLAY AT TIME OF INJURY:	**FIELD SURFACE:**
☐Training/Practice ☐Scrimmage ☐Game ☐Other_____	☐Grass ☐Turf ☐Indoor ☐Other_____

BODY PART INJURED: ☐Left ☐Right ☐NA

			NATURE OF INJURY:	
☐Head	☐Chest	☐Hip	☐Concussion	☐Respiratory
☐Neck	☐Internal	☐Knee	☐Contusion	☐Cardiac
☐Face	☐Shoulder	☐Leg	☐Laceration	☐Seizures
☐Eye	☐Arm	☐Ankle	☐Fracture	☐Cold Related
☐Nose	☐Elbow	☐Foot	☐Dislocation	☐Heat Related
☐Mouth	☐Wrist	☐Other_____	☐Sprain	☐Other_____
☐Back	☐Hand		☐Strain	

DESCRIPTION OF INJURY:

_____

_____

_____

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HOW DID IT HAPPEN:	CARE PROVIDED BY:	IMMEDIATE TREATMENT:
☐ Collision with a player ☐ Collision with an object ☐ Struck by ball ☐ Heading the ball ☐ Insect bee/sting ☐ Overuse ☐ Sudden collapse ☐ Temperature related (heat stress) ☐ Other_____	☐ Coach ☐ Parent ☐ EMS ☐ Other_____ **IF TREATED AT HOSPITAL:** ☐ Transported by ambulance ☐ Transported by personal vehicle	☐ Ice, Compression, Elevation ☐ Rest ☐ Wound care ☐ Dressing for cuts/abrasions ☐ Sling/Splint ☐ CPR ☐ AED ☐ Spine stabilization *Note: Any athlete with a suspected concussion must be removed from play and not return to activity until evaluated and cleared by a professional per the NMYSA Concussion Policy.*

Person Completing Form:	Cell Phone:
Signature:	Email:

Reporting Procedure to Rio Rapids SC:

Coaches will notify Rio Rapids SC of any injury or suspected concussion that should be evaluated by a medical professional (e.g. physician, nurse, athletic trainer). An injury report form will be completed by the coach or team manager and returned to the Club within 48 hours of the injury. Any injury requiring activation of the Rio Rapids SC Emergency Action Plan should be reported to the Club no later than the end of that day by text/phone to Ray Nause at 505-417-0610.

Please send completed forms by email to: Ray Nause <ray.nause@riorapids.org>