



Appleton Area Hockey Association

INJURY REPORT

Approved by: AAHA Board of Directors on 2/28/18

This form is for non-head-related injuries only. The "Concussion Report" form should be used for all concussions, suspected concussions, or head injuries. Injury reports are to be given to the Director of Operations within 24 hours of the injury whenever possible.

Player's Name: _____ DOB: ____/____/____

_____ This injury occurred during an Appleton Area Hockey Association activity.

_____ *This injury **did not** occur during an Appleton Area Hockey Association activity.

*Injuries that occur outside of AAHA activities but are cited in a family request to refund skater fees must be documented.

Player's Head Coach: _____ Team: _____

Person Reporting Injury: _____ Date of Injury: ____/____/____

Where the Injury Occurred: _____
(Location/Name of Rink/City)

Nature, extent of injuries, and symptoms: _____

Parent Contacted: _____