



Super East Baseball League Injury Report Form

All accidents and injuries must be reported to the Super East Baseball office within 24 hours of the accident/injury. This part must be completed, dated and signed by an official of the injured players Organization.

Name of Organization _____

Address of Organization _____

City _____ State _____ Zip _____

Name of Injured Person on Official Roster _____ first _____ middle _____ last _____

Date of Accident/Injury ____ / ____ / ____ Time of Accident/Injury ____ : pm am

Explain how the accident AND injury occurred.

Describe the nature of the injury.

At the time of the accident, was the official rostered participant under the jurisdiction of a Super East Baseball League event? Yes No

Name of Supervisor/Coach of the injured persons organization _____

Was the supervisor/coach a witness to the accident? Yes No

Signature of Organizational Official x _____ Date _____

Title of official _____ Official Phone # (____) _____ - _____

Please Fax immediately and then mail original copy to:

Super East Baseball Injury Office
525 Burnside Avenue
East Hartford, CT 06108
Fax (860) 289-2010