

Liability and Injury Alert Form

Date of Game: _____ Location _____

Name of Injured Player _____

Name of Schools Playing Contest: Home: _____

Visitor: _____

Level of Play: (JHS) (JV) (Varsity)

Weather Conditions: _____

Condition of Field: _____

Names of Officials: _____

Please Describe Briefly What Occurred: _____

Was medical assistance required? Yes No

Describe this assistance. _____

Please return this form to NYSCOGL Chairperson Joe Fanning, 3 Hazel Avenue, Farmingdale, New York 11735, or fax to 516-845-7391, within 72 hours after a game in which there is a serious injury. Make a copy of this completed form for your local chair, and yourself.

Date of Report: _____ Local Board: Nassau