



St. Catharines CYO Minor Hockey Association

P.O. Box 21111, Lincoln Mall Postal Outlet, St. Catharines, ON L2M 7X2 Phone 905-687-9430 Fax 905-687-7083 www.cyo-hockey.on.ca

CYO Injury Report Form

Date: _____ Time: _____ Arena: _____

Players Name: _____

Team Name: _____

Age Division: _____

Injury was to: (Circle affected area/s)

Head	Back	Trunk	Arm	Foot	Leg
Neck	Upper	Ribs	Shoulder	Ankle	Thigh
Eye	Lower	Chest	Elbow	Toe	Knee
Teeth		Abdomen	Hand		Shin

Brief Description of injury:

Sent to Hospital: Yes No Car Ambulance

Trainers: Name _____

Phone: _____

Please complete the form and drop it off at the Timekeeper's box or the CYO Office within 7 days of injury. This information is for CYO use ONLY.