



Rancho Mission Viejo Little League
2009 Safety Plan

RMVLL SAFETY/INJURY REPORT

Date _____ Time _____

Name of Injured Person: _____

Phone Number of injured person _____

DIVISION: _____

TYPE OF INJURY (Brief Description) _____

Action Taken: ___ First Aid at field ___ To Doctor ___ To Hospital

Cause (Brief Description) _____

Person Filing Report _____ Phone Number _____

League Position _____

THIS FORM MUST BE SUBMITTED FOR EVERY (major or minor) INJURY WHICH OCCURS DURING A LITTLE LEAGUE FUNCTION, PRACTICE OR GAME.

Complete the form and send it to the Rancho Mission Viejo Little League Safety Officer:

Joe Gaul

DELIVER to the mailbox inside the Snack Bar