

YORKSHIRE JUNIOR AMATEUR RUGBY LEAGUE

Chair

John Peat
4 Swinnow Avenue
Bramley
Leeds LS13 4NL
☎ **01132 566178**



Treasurer

Colin Handforth
6 Cliffe Grove
Crigglistone
Wakefield WF4 3EP
☎ **01924 252126**

General Secretary

Charlie Bray
Milford Sports Club, Beecroft Street, Leeds LS5 3AS
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INJURY REPORT FORM

THIS FORM TO BE COMPLETED IN RESPECT OF ANY INJURY THAT MAY OCCUR TO REGISTERED PLAYERS
WHILST PARTISIPATING IN ACTIVITIES RELATING TO YORKSHIRE JUNIOR RUGBY LEAGUE

(THIS FORM TO BE FORWARDED TO THE GENERAL SECRETARY)

Club reporting Injury	Person reporting Injury
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Date and time of Injury	Location
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Details of Injured person

Full Name.	Address.
Club.	Postcode.
Age Group.	

Details and description of Injury.

How did the injury occur?

Nature of Injury

Action taken for the Injury

Was First Aid given. YES / NO	Was the person qualified to administer First Aid YES / NO	Name of person who administered First Aid (Please print)
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Please give a brief description of treatment administered.
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Was the player taken to Hospital YES / NO	If YES please state results from Hospital.
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Signed.	Print	Position
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