

Basic Procedures for Submitting a LHSC Red Card/Injury Form

1. Complete **ALL** questions on either the Red Card or the Injury portion of the form.
2. Sign and date the form.
3. File the report by sending the form (as an email attachment) to lakehillssc@comcast.net

LAKE HILLS SOCCER CLUB RED CARD and INJURY REPORT FORM	
SECTION 1: GENERAL INFORMATION	
Person Involved: (Fill out for both injury and/or red card)	
Name: _____	Phone: _____ Date of Birth: _____
Address: _____	City: _____
Affiliation to Team: Player <input type="checkbox"/> Coach <input type="checkbox"/> Asst Coach <input type="checkbox"/> Other <input type="checkbox"/> _____	
Team name: _____	Gender: _____ BU/GU: _____
Opposing Team: _____	
SECTION 2: RED CARD REPORT	
Card Details:	Date Carding Occurred: _____ Time: _____:_____ am/pm (circle)
Card Issued: Red <input type="checkbox"/> 2 Yellows <input type="checkbox"/> Yellow <input type="checkbox"/>	
Location of Carding: <input type="checkbox"/> ON FIELD <input type="checkbox"/> SIDELINES <input type="checkbox"/> OTHER _____	
Reason for Card: <input type="checkbox"/> FIGHTING <input type="checkbox"/> NON-CONTACT UNSPORTSMANLIKE CONDUCT <input type="checkbox"/> DANGEROUS PLAY <input type="checkbox"/> OTHER _____	
Post Infraction: <input type="checkbox"/> PERSON RECEIVING CARD LEFT FIELD AREA <input type="checkbox"/> PERSON RECEIVING CARD REMAINED IN FIELD AREA (Please explain why?) _____	
Describe the Carding Incident Below in Detail. Attach Additional Pages if Necessary: _____ _____ _____ _____ _____	

SECTION 3: INJURY REPORT

Injury Information: Game: _____ Tournament Game: _____ Practice: _____

Other: _____

Location: _____

Injury Details: Date Injury Occurred: _____ Time: _____:_____ am/pm (circle)

Description of Injury: _____

Immediate Treatment (if any) applied: _____

Describe how and where the accident occurred:

- Specific Location: ON FIELD SIDELINES SPECTATOR AREA OTHER _____
- Surface: DIRT GRASS ARTIFICIAL TURF OTHER _____
- Surface Condition: DRY WET MUDDY ICY IRREGULAR
- Position: GOALIE FORWARD DEFENDER OTHER _____
- Activity: RUNNING W/BALL RUNNING W/O BALL DEFENDING OTHER _____
- Situation: HIT BY BALL COLLISION W/PARTICIPANT NON-CONTACT INJURY
 OTHER _____

Describe the Injury Incident Below in Detail. Attach Additional Pages if Necessary:

Signatures:

Signature of Coach/Attending Official: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____