



## **Blackhills Football Club**

**P.O. Box 4454  
Tumwater, WA 98501-0454**

[www.blackhillsFC.org](http://www.blackhillsFC.org)

A Program under District 7 of the  
Washington State Youth Soccer Association



### **EXTENDED INJURY REPORT FORM**

**PLEASE PRINT LEGIBLY**

Player's Name: \_\_\_\_\_

Age Group|Gender: \_\_\_\_\_

Team Coach: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Physician: \_\_\_\_\_

Date of Doctor's Approval to Resume Practice: \_\_\_\_\_

Signatures:

Parent: \_\_\_\_\_

Director of Teams: \_\_\_\_\_