NEW YORK STATE WRESTLING OFFICIALS' ASSOCIATION
CONTESTANT'S INJURY REPORT – LIABILITY ALERT

Official's Name: _____ Local Chapter: _____

Address: _____ NYSPHSAA Section # _____

_____

Home phone: _____ Business Phone: _____

Date of Contest: _____ Site: _____

_____ Dual Meet _____ Tournament ____ Other: _____

Competing Teams: _____ Vs. _____
Level of Competition: (Check one) Varsity _____ JV _____ Modified _____
Exhibition _____ Other _____

Name of Injured Wrestler: _____ Wt. Class: _____

Default Occurred? Yes _____ No _____
Legal Hold? Yes _____ No _____
Potentially Dangerous Hold? Yes _____ No _____
Illegal Hold? Yes _____ No _____
Description of circumstances leading to injury: _____
_____
_____
_____
_____
_____

Wrestler was examined by: (Check all that are applicable)
Coach: _____ Name/Address/Phone: _____

Athletic Trainer: _____ Name/Address/Phone:_____

Doctor: _____ Name/Address/Phone:_____

Emergency Unit (EMT/AEMT) _____ Name/Address/Phone:_____

Removed from scene by Ambulance: Yes _____ No _____

_____ _____
OFFICIAL'S SIGNATURE DATE SUBMITTED

_____ _____
COACH OR ATHLETIC DIRECTOR SCHOOL OF INJURED WRESTLER

Supply as much information and get as many signatures as you can. Return this form to your Chapter Secretary. (Keep a copy for your records)

DATE RECEIVED BY LOCAL CHAPTER SECRETARY: _____

CHAPTER SECRETARY: FORWARD ONE COPY TO INS. CARRIER <u>ASAP</u> AND ONE TO NYSWOA SECRETARY AT THE END OF THE SEASON.