

(Home Scorer's signature/Initials)

Date:	
Time:	

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(Away Team)  Conference:						vs (Home Team)								
						Is this a replay of a washed out game (Y/N):								
	Venu	ie:							If s	o, what was the originally	y scheduled	date?:		
#			Playe	r Nan	1e			Sub?	#	Playe	er Name			Sub?
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2									2					
3									3				$-\!\!\!\!+$	
4									4					
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Catch	ars			-	or Teel	ما الد	ave this l	hlank	Cat	chers	For	Гееball, le	ave this h	olank
Catchers For Teeball, leave this blank  Surname/Initial Innings Caught					Cat	Surname/Initi			Innings C					
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900	DE	Innina	y by l	nnina	/74	h for T	ooball/N	lodball)	Coad	ches				
								іоаран)		Away Coach Signature	Н	ome Coa	ch Signa	ture
Inns Start	1 :	2 :	3 :	4 :	5 :	6 :	7 :	Total						
Away														
Home										ire ave you reported/ejected	anyone or	do vou ist		Yes/No
1 101110				1										

(Umpire's Signature/Initials)

DoCo: Rev 1.0



## Hills Juniors

## **Injury Report**

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Applicant's Details			
Injured Person' Name:			
Conference:		Player or Official?	
Home Club:		Male or Female?	
Venue/Location of incident:			
Date of Incident:		Time of Incident:	
Was the injury at a game, training session or other?		If at a game, who were the opposing team?	
If "other", describe:			
Describe the circumstances of	f the event which	caused the injury	
Describe & indicate the injurio	es sustained, obse	ervations & care rendered	
	and the same of th		
Report completed by		Follow-up	
		Was an ambulance calle	ed?
(Signature & Date)		Is hospitalisation expec	ted?
(pignature & Date)		1 11 17 17 17	

Notify the Club Recorder that an injury occurred. Deliver this form to the Competition Secretary as soon as possible. Note that The League's insurance does not cover medical expenses.