

ABANDONED GAME REPORT (Injury)

|  |  |
| --- | --- |
| Home Team  | Away Team  |
|   |   |
| Date of Match:  | Venue:  |
| Time of Abandonment:  | Score at Abandonment:  |
| Weather:  | Pitch Condition:  |

Name and Team of all inured players:

|  |  |
| --- | --- |
| Full Name | Team |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| Please provide as much information as possible, including if an ambulance was called, or advice given to parents. |
|  |

|  |  |
| --- | --- |
| Referee’s Name and Society: | Referee’s Signature: |

This document is to be completed and e-mailed within 48 hours to:

Donna Simons secretary@yjyarl.co.uk and

League Welfare leaguewelfare@yjyarl.co.uk