

ABANDONED GAME REPORT (Injury)

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

Name and Team of all inured players:

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| --- | --- |
| Full Name | Team |
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| Please provide as much information as possible, including if an ambulance was called, or advice given to parents. |
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| 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](mailto:secretary@yjyarl.co.uk) and

League Welfare [leaguewelfare@yjyarl.co.uk](mailto:leaguewelfare@yjyarl.co.uk)