



# INJURY FEE REDUCTION REQUEST

## PLAYER AND TEAM INFORMATION

Fill in the information below and give the completed form to your team manager – Use additional sheets if necessary and keep a copy for your records.

Player:	_____	Phone Number(s):	_____
Parent(s):	_____	E-mail Address:	_____
Team:	_____	Coach:	_____
Date of Injury:	_____	Manager:	_____
Injury Location:	_____	Name/Type of Event:	_____
Event Affiliation (CYSA, USCS)	_____	CYSA/USCS Case	_____
Coach	_____	Report Submitted?	_____
Signature	_____	Date:	_____
Manager	_____		
Signature	_____	Date:	_____

## DETAILS

Provide the following information:

Description of Injury

Estimated Duration of Injury Rehabilitation

Physical Limitations During Injury Rehabilitation (running/no running, contact/no contact, should not attend training?, etc.)