



Masconomet Youth Hockey Association, Inc. • P.O. Box 336 • Middleton, MA 01949 • www.mascohockey.com

Injury/Extended Illness/Dropout Report

Date: ___/___/___

Player: _____

Team: _____

Coach: _____

Coach's Phone number: () ___ - _____

Parent's name & phone _____ () ___ - _____

Date of injury or first date missed due to extended illness: ___/___/___

Did player dropout for the remainder of the season? Yes/No

If so, last date of game or practice they participated in: ___/___/___

Reason player gave for dropout, if not injury or illness:

Injury or illness (*broken arm/mononucleosis*):

Anticipated return date: ___/___/___

If injury, did the injury occur during a MASCO game or practice, describe incident and rink location.

Did coaching staff have a first aid kit and consent-to-treat forms available? Yes/No. If no, please explain: _____

(Please submit one copy to your level director, treasurer, and program president. Keep one copy for yourself)