



Injury Notification Form

In the event that a player is injured, the below form and a doctor's note stating that the player is unable to participate must be submitted within 30 days from the date of injury in order to receive any possible credit.

Mail to Attn: Kings Hammer Injury, 50 E RiverCenter Blvd. Suite 1410, Covington, KY 41011 or email to christy@kingshammer.com.

PLAYER INFORMATION: (TYPE or PRINT LEGIBLY):

Player's Name: _____ Player Date of Birth: _____

Program: _____ Team Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone and Email: _____

INJURY INFORMATION:

Date and Location of Injury: _____

Description of Injury (please use back of sheet, if needed): _____

Medical Provider's Name: _____

Please include a doctor's note/paperwork with this form

Expected Return Date, if applicable: _____

If child is out for rest of season or longer, please indicate as such.

PAYMENT INFORMATION:

Total Amount Paid: \$ _____ Total Amount Requesting for Credit: \$ _____

OFFICE USE ONLY:

Date Received: _____ Date email sent to Director/Coach for verification: _____

Decision: _____ Follow-up Method/Date: _____