

**NEW YORK STATE WRESTLING OFFICIALS' ASSOCIATION, INC.
CONTESTANT'S INJURY REPORT - LIABILITY ALERT**

Official's Name: _____ Local Chapter: _____

Address: _____ NYSPHSAA Section # _____

Telephone: _____ Business: _____

Date of Contest: _____ Site: _____

_____ Dual Meet _____ Tournament _____ Other: _____

Competing Teams: _____ Vs. _____

Level of Competition: (Check one) Varsity _____ JV _____ JH _____ Modified _____
Exhibition _____ Other _____

Name of Injured Wrestler: _____ Wt. Class: _____

Default Occurred? Yes _____ No _____

Legal Hold? Yes _____ No _____

Potentially Dangerous Hold? Yes _____ No _____

Illegal Hold? Yes _____ No _____

Description of circumstances leading to injury: _____

Wrestler was examined by: (Check all that are applicable)

Coach: _____ Name/Address/Phone: _____

Athletic Trainer: _____ Name/Address/Phone: _____

Doctor: _____ Name/Address/Phone: _____

Emergency Unit (EMT/AEMT) _____ Name/Address/Phone: _____

Removed from site by Ambulance: Yes _____ No _____

OFFICIAL'S SIGNATURE

DATE SUBMITTED

COACH OR ATHLETIC DIRECTOR'S SIGNATURE

SCHOOL OF INJURED WRESTLER

After completing the above information, return this form to your Chapter Secretary. (Keep a copy for your records)

DATE RECEIVED BY LOCAL CHAPTER SECRETARY: _____

Chapter Secretary, Please forward one copy to Ins. Carrier and one to NYSWOA Secretary.