



## Injury Report

### Section 1: Information & Instructions

1. Any injury sustained during a sanctioned event or practice that required any kind of medical attention must be reported within five days of the completion of your event.
2. If injury occurred at an event: attach a copy of the injured person's entry form including the waiver and release of liability signed by the participant or guardian.
3. If injury occurred at a practice/training: attach a copy of the injured person's waiver and release of liability signed by the participant or guardian.
4. Submit completed documents to [USAJudo@usajudo.us](mailto:USAJudo@usajudo.us)

### Section 2: Where did the injury occur?

1. Did the injury occur at a sanctioned event or registered club activity?  
Sanctioned Event  Registered Club Activity

If sanctioned event provide:

Name of event: \_\_\_\_\_  
Date of event: \_\_\_\_\_  
Sanction number: \_\_\_\_\_  
Tournament/Clinic Director Name: \_\_\_\_\_  
Club host: \_\_\_\_\_

If registered club activity, what was the activity?

\_\_\_\_\_  
\_\_\_\_\_

### Section 3: Injury Information

Name of participant: \_\_\_\_\_  
Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_  
Judo rank: \_\_\_\_\_  
USA Judo Member Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Tournament division (if applicable): \_\_\_\_\_  
Referee on mat: \_\_\_\_\_  
Judges on mat: \_\_\_\_\_  
Nature of injury: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of attending medical person: \_\_\_\_\_

Did participant continue to compete?

Yes                       No

Was participant taken to a medical facility?

Yes                       No

If yes, name of medical facility: \_\_\_\_\_

What type of treatment was provided? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of person completing form (club or event representative)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date