

**GREENSBOROUGH JUNIOR FOOTBALL CLUB
NOTIFICATION OF INJURIES**

Round: _____

Date: _____

Venue: _____

Team: _____

	Players Surname	Initial	Specific Injury Eg. Left or Right	Claim Form Needed?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please return this form even if no injuries occur. Please return to Injury Notification Box in the clubroom no later than the Monday morning after the game

Name: _____

Signed: _____