

***Kansas Shrine Bowl***  
**Prior Injury Report (even minor injuries)**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

All prior injuries, from birth to current date, may be important and should be listed. If additional space is needed, use the back of this form or plain paper. If a doctor's release was obtained on any injury within the past 2 years please attach a copy of the release. Unreported prior injuries may void our insurance and make you ineligible to participate. Complete this form and return to the Kansas Shrine Bowl office as soon as possible. You may also upload this form with your registration form at <https://www.kansasshrinebowl.com/cheer.html>. Please report injuries that may occur after this form is returned by calling **913-602-8656**.

<b>Date</b>	<b>Type and area of injury</b>	<b>Treatment</b>	<b>Current Condition</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____

**The Shrine Bowl of Kansas**  
P.O. Box 867, Baldwin City, KS 66006  
Phone: (913)602-8656  
[events@kansasshrinebowl.com](mailto:events@kansasshrinebowl.com)