

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 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**.

Date	Type and area of injury	Treatment	Current Condition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Shrine Bowl of Kansas
P.O. Box 53, Spring Hill, KS 66083
Phone: (913)602-8656
assistant@kansasshrinebowl.com