

## Cheer Injury Report

As discussed at our Cheer Rules Clinic and passed by the Board of Directors, all cheer coaches are required to participate in an End of the Year Injury Survey. The purpose of the survey is to gather data to support possible rule changes in order to enhance safety.

Please answer the following questions and complete an INJURY REPORT (CC-5B) FOR EACH INJURY you had this cheer season. Do not use abbreviations; write the entire name of the school. If your team has not had any injuries, please mark school name and "none" on the Form CC-5B and return the report to the WVSSAC office along with this completed form CC-5A. **PLEASE COMPLETE AND RETURN BOTH FORMS TO CINDY DANIEL AT [CINDY.DANIEL@WVSSAC.ORG](mailto:CINDY.DANIEL@WVSSAC.ORG) OR BY FAX AT 304-428-5431.**

**This form (CC-5A) and the injury report (CC-5B) are due back in the WVSSAC office no later than Wednesday, February 27th for Middle School and Wednesday, March 20<sup>st</sup> for High School. Failure to return forms CC-5A and CC-5B by the deadline will result in a \$50.00 fine per form.**

1. Do you have mats you use for practice? \_\_\_\_ yes \_\_\_\_ no
  
2. If so, what type of mats? (Circle one) Folding Foam/Wrestling/Cheer Mats and how many? \_\_\_\_\_
  
3. Do any of your cheerleaders take tumbling lessons at a gym? \_\_\_\_ yes \_\_\_\_ no
  
4. How much did your cheer team/school pay for choreography this year?  
Choreography \_\_\_\_\_  
Music \_\_\_\_\_  
TOTAL \_\_\_\_\_
  
5. How many days of instruction from the choreographer did your team receive for that amount of money? \_\_\_\_\_

School Name \_\_\_\_\_  
(Do not use abbreviations for your school name)

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Cheer Injury Report

Please complete one report for each injury from the first day of cheer through end of season.

School:	Coach:	Date of injury:	Athlete Female: <input type="checkbox"/>	Athlete Male: <input type="checkbox"/>
Type of Injury : Bruise <input type="checkbox"/> Cut/Abrasion: <input type="checkbox"/> Nosebleed: <input type="checkbox"/> Strain: <input type="checkbox"/> Sprain: <input type="checkbox"/> Tear: <input type="checkbox"/> Fracture: <input type="checkbox"/> Concussion: <input type="checkbox"/>				
Anatomical area involved:				
Extent of Injury - Mild: <input type="checkbox"/> Moderate: <input type="checkbox"/> Severe: <input type="checkbox"/>				
First Aid/Treatment/RX/ Administered: ___ No ___ Yes				
Type of first aid/treatment/rx:				
The injury occurred during the following: (see below)				
Stunt:	List specific stunt:			
Part of Stunt:	Stunt <input type="checkbox"/> Transition <input type="checkbox"/> Dismount <input type="checkbox"/>			
Position of participant:	Base <input type="checkbox"/> Top <input type="checkbox"/> Spotter <input type="checkbox"/>			
Tumbling:	Specific tumbling skill(s)?			
Jumps:	Specific jump(s)?			
Other:	Describe:			
Surface:	Floor: <input type="checkbox"/>	Mat: <input type="checkbox"/>	Grass: <input type="checkbox"/>	Track: <input type="checkbox"/> Other: <input type="checkbox"/>
Occurred during:	Practice: <input type="checkbox"/>	Competition: <input type="checkbox"/>	Game: <input type="checkbox"/>	Other: <input type="checkbox"/> (Describe)
Referral action:	Seen by Trainer: <input type="checkbox"/>	Seen by Doctor: <input type="checkbox"/>	Seen by Nurse: <input type="checkbox"/>	None: <input type="checkbox"/>