

# Roller Derby Skater Previous Injury Log

Skater Name

Skater Number

Team Name

Previous Injuries

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Injury Date

Type of Injury

Body Part Affected

Treatment Received

Date Returned to Skating

Additional Notes

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Injury Date

Type of Injury

Body Part Affected

Treatment Received

Date Returned to Skating

Additional Notes

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**Injury Date**

**Type of Injury**

**Body Part Affected**

**Treatment Received**

**Date Returned to Skating**

**Additional Notes**