BIG SOUTH YOUTH FOOTBALL: **SAFTEY PLAN**

DATE: _____

TIME: _____

Type of Function: _____

Field/Location/Directions:

(Fill in here)

Team Safety Person: _____

Sideline Watcher/Comfort Parent: _____

SERIOUS INJURY: In Case of serious injury the following persons are:

911 Caller: _____

Person to call Parent: _____

Person that will travel with Child in case they need to get medical attention:

_____Phone:_____

BSYFL Commissioner: Cliff Graves (704) 622-6171

(Team Name) Team Safety Coach: _____

Police: (704) (Non-Emergency)

County 9-1-1 Center: (704) (Non-Emergency)