

INJURY ADVICE FORM - RE "PLAYING TIME"

1. NAME OF CLUB:		TEAM GRADE:	
2. CLAIMANT'S SURNAME:		GIVEN NAME:	SEX:
3. ADDRESS:		STATE:	POSTCODE:
4. DATE OF BIRTH:	OCCUPATION:	TELEPHONE: HOME: WORK/MOBILE:	
5. DATE OF INJURY:		TIME OF INJURY: AM / PM	
6. a) DESCRIBE YOUR INJURY & HOW IT HAPPENED? (continue on separate page if needed)			
.....			
.....			
b) DESCRIBE TREATMENT APPLIED TO THIS INJURY:.....			
.....			
NOTE: THIS SECTION MUST BE COMPLETED!			
8. a) PERSON WHOM WITNESSED THE INJURY :			
b) PERSON TO WHOM INCIDENT REPORTED :			
c) DATE REPORTED : TIME REPORTED:.....			
d) DID YOU CEASE PLAYING IMMEDIATELY AS A RESULT OF THE INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
(If no, please provide reason)			
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CLUB DECLARATION			
I,.....(club official) of.....(name of club)			
hereby Certify that.....(claimants name) sustained the injuries / illness			
resulting in this notice on...../...../.....			
atam/pm whilst playing for.....			
against Place of Game:			
Signed:(club official) Dated:/...../.....			
Signed:(parent/guardian) Dated:/...../.....			