Injury Report Form

ACTIVITY DETAILS

Day: Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐ **Date:**……/……/…….

User Group: Club Training ☐ Competition ☐ Club Clinic ☐ Other ☐

Activity Supervisor:…… **Position/Role:**……

INJURED PERSON'S DETAILS

Name:…… **Date of Birth:**……/……/……. Male ☐ Female ☐

Phone: (H)…… (W) …… (M) ……

Address:……

INCIDENT/INJURY DETAILS

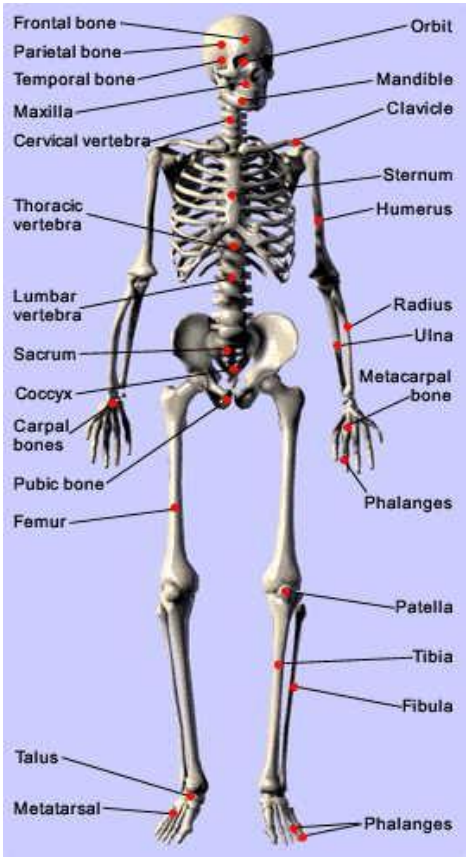
Body part Injured:……

Detailed Description of Injury:……

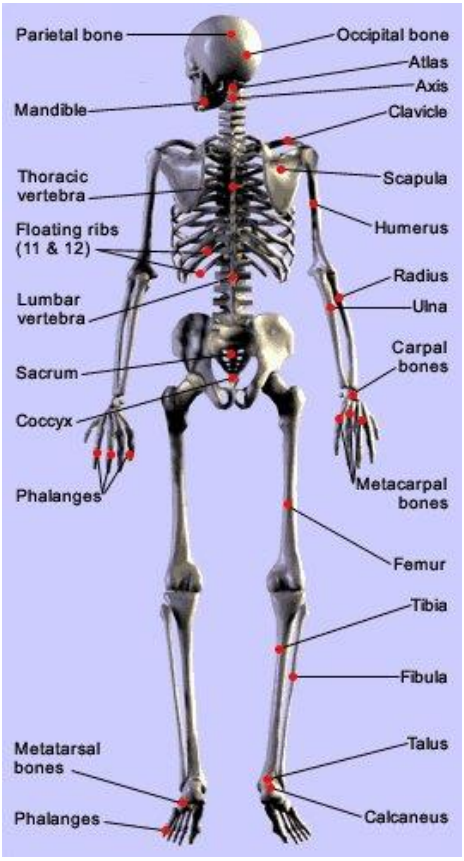
……

……

Continued to Play ☐ Walked Out ☐ Carried Out ☐ Ambulance ☐



HIGHLIGHT INJURED AREA/S



FIRST AID DETAILS

Type of First Aid:……

……

Administered by:……

Has this person has a similar injury before? No ☐ Yes ☐ (provide details)……

……

……

WITNESS #1 DETAILS

I,…… agree with the incident statement; Yes ☐ No ☐ Supply own version;

……

……

……

…… Signed:……

WITNESS #2 DETAILS

I,…… agree with the incident statement; Yes ☐ No ☐ Supply own version;

……

……

……

…… Signed:……

PARENT/GUARDIAN DETAILS (IF INJURED PERSON IS UNDER 18)

Parent/Guardian Present? Yes ☐ No ☐ If no, was Parent/Guardian notified? Yes ☐ No ☐

Parent/Guardian Name:…… Relationship to Injured Player:……

Signature:……

FURTHER COMMENTS

……

……

……

Court Supervisor on Duty	**DBA Office Use Only**
Name:……	Received By:……
Signature:……	Signature:……
Day:……	Day:……
Date:……	Date:……