



# INJURY REPORT

*This form is to be completed by the Person directly impacted by the Incident/Injury.*

Please send this report to Football South Coast

Mail: PO Box 105 Fairy Meadow 2519

Fax: (02) 4285 5625

Email: [davidware@footballsouthcoast.com](mailto:davidware@footballsouthcoast.com)

Personal Details			
Full Name:			
Address			
Town/Suburb			Postcode
Contact Phone Number		Contact Email	
Club Associated with (if applicable)			Age if 18 or under

Office Use Only

Please tick the relevant box			
I wish to report an accident/injury which has occurred to myself.			
My role at the event was as a			
Player	<input type="checkbox"/>	Parent	<input type="checkbox"/>
Team Official	<input type="checkbox"/>	Spectator	<input type="checkbox"/>
Club Official	<input type="checkbox"/>	FSC Official	<input type="checkbox"/>
Referee	<input type="checkbox"/>	Assistant Referee	<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

This form is notify FSC of an injury. This is not a claim form for insurance.



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Match / Event Details			
Match or Event			
Location		Date	
When did the accident or injury occur?			
Where did the accident or injury occur at the event?			
How did the accident or injury/injuries occur?			
What were the injuries / suspected injuries?			
What treatment for the injury/injuries (if any) was provided?			
Who treated the injured person?			
Was an ambulance called? <i>Please tick box</i>	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
<b>Please note: As a player, to commence an insurance claim, you or your guardian (if you are under 18) must have all relevant sections of the Gow Gates <a href="#">Personal Injury Claim Form</a>, completed within 120 days of the injury.</b>			
(please attach additional page if required)			
Signed:		Date:	

