



INJURY REPORT FORM

All sections must be completed and this form submitted to Basketball ACT within 7 days of the injury.

Section 1 – Personal Details *(To be completed by injured player or on their behalf)*

Player Surname Given Name
 Date of Birth Male Female
 What club/team are you registered with? Grade Played

Section 2 – Contact Information *(This will be used to contact the injured player if necessary)*

What is your Home Phone? What is your Mobile Phone?
 What is your Email address?

Section 3 – Details of Incident *(All question must be answered and also complete reverse of this form)*

On what **DATE** did it occur? Was it in a Game or at Training?
If in a game, what time was the game? What Team were you playing for?
 What venue and court was the game being played at?
If at training, was this an official training session? Yes No
 Where was the training being held? What time was the training?
 Which team were you training with? Who was the coach?

Please provide brief details of the Injury *(for example, "Injured my ankle when attempting a rebound")*

What, if any, first aid was given? Ice Bandaging other, please specify
 Was an Ambulance Called? Yes No Did they transport the player? Yes No

Name of Reporting Person if not player?
 Signature of person completing this form
 Date Signed

Section 4 – Certification

I certify that the incident described above occurred as specified.
 If incident occurred during a game, Name of CSO
 Signature
 If incident occurred at training, signature of coach



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The following information must be completed as it may be used by the Insurance Company to assist in determining liability, if a claim is submitted for expenses.

Part Of Body Injured:			
<input type="checkbox"/> Arms & Wrists	<input type="checkbox"/> Hands & Fingers	<input type="checkbox"/> Head & Neck	<input type="checkbox"/> Eyes & Features
<input type="checkbox"/> Feet & Toes	<input type="checkbox"/> Other – Specify: <input style="width: 150px;" type="text"/>	<input type="checkbox"/> Back & Trunk	<input type="checkbox"/> Leg & Ankle

Nature Of Injury: (To the best of your knowledge)			
<input type="checkbox"/> Concussion	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Sprain
<input type="checkbox"/> Laceration (cut)	<input type="checkbox"/> Other – Specify: <input style="width: 150px;" type="text"/>	<input type="checkbox"/> Superficial	<input type="checkbox"/> Burns/Scalds
			<input type="checkbox"/> Multiple

Location Of Incident:			
<input type="checkbox"/> Toilet Area - main	<input type="checkbox"/> Basketball Court	<input type="checkbox"/> Car Park	<input type="checkbox"/> Entrance/Exit
<input type="checkbox"/> Multi Purpose room	<input type="checkbox"/> Toilets Upstairs	<input type="checkbox"/> Toilets Downstairs	<input type="checkbox"/> Changing Rooms
<input type="checkbox"/> Unknown	<input type="checkbox"/> Administration office	<input type="checkbox"/> Unknown	<input type="checkbox"/> Food area
		<input type="checkbox"/> Stairs	<input type="checkbox"/> Other – Specify: <input style="width: 150px;" type="text"/>
Attach a map if it helps.			

Basketball ACT Use Only		
	Date	By
V Insurance Claim Received		
Form signed and returned		