DoCo: Rev 1.0



Hills Juniors

Injury Report

*			
Applicant's Details			
Injured Person' Name:			
Conference:		Player or Official?	
Home Club:		Male or Female?	
Venue/Location of incident:			
Date of Incident:		Time of Incident:	
Was the injury at a game, training session or other?		If at a game, who were the opposing team?	
If "other", describe:			
Describe the circumstances of the event which caused the injury			
Describe & indicate the injurie	es sustained, obs	ervations & care rendered	
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Report completed by		Follow-up	
Troport completed by			
		Was an ambulance call	ed?
(Signature & Date)		Is hospitalisation expec	ted?

Notify the Club Recorder that an injury occurred. Deliver this form to the Competition Secretary as soon as possible. Note that The League's insurance does not cover medical expenses.