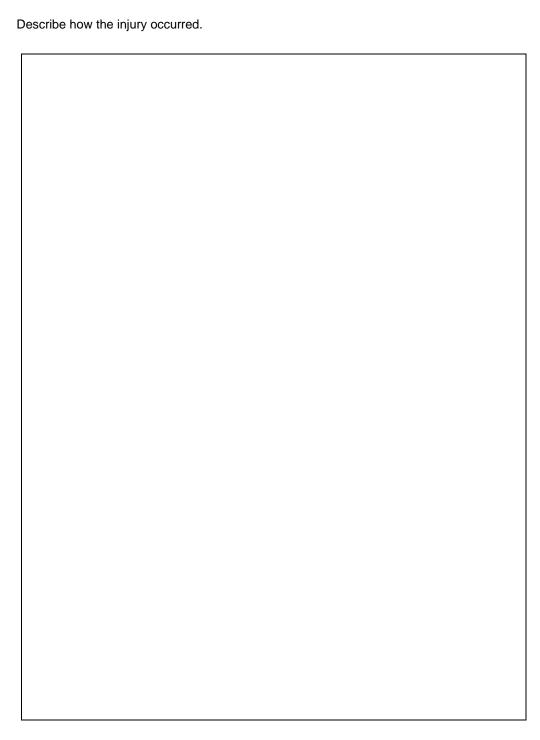
INJURY REPORT FORM KINGSTON UNITED SOCCER CLUB



This form to be used by Coach or parent to record details when an injury occurs. Keep copy on file for future reference to support insurance claims filed. Name of Coach or person in charge of session

Site where injury took place			
Date of injury			
Name of injured person			
Address of injured person			
Type of injury and extent of injury	ury		
Were any of the following conta	icted?		
Parent / Guardian	Yes 🗌	No 🗌	
Police	Yes	No 🗌	
Ambulance	Yes 🗌	No 🗌	
What happened to the injured p	erson following t	he injury?	
E.g., carried on with session, w	ent home, went t	o hospital etc.	
	,,		
This Form was completed by: Parent / Guardian ((please check or Coach	ne) Other	
Name (Please Print)		contact phone number	
Signature		Date	



If you are planning to submit a claim for insurance please review the OSA Insurance documents re: important deadlines to file and instruction on how to apply.

www.soccer.on.ca

This report form was compiled to help you with gathering information when filing your claim.

Kingston United Soccer Club 35 Terry Fox Drive, Kingston ON K7M 8N4