



# **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

Were any of the following contacted?

- |                                     |                   |                              |                             |
|-------------------------------------|-------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | Parent / Guardian | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Police            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Ambulance         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What happened to the injured person following the injury?

E.g., carried on with session, went home, went to hospital etc.

This Form was completed by: (please check one)

Parent / Guardian       Coach       Other

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
contact phone number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Describe how the injury occurred.

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](http://www.soccer.on.ca) This report form was compiled to help you with gathering information when filing your claim.

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