



GOSFORD NETBALL ASSOCIATION INC.

INJURY REPORT

To be completed by the player.

CLAIM NO:

Please print – if there is insufficient space to answer a question, please attach additional sheets.

1. PLAYER'S SURNAME: _____	NETBALL REGISTRATION NO.: _____
GIVEN NAME: _____ M / F	NAME OF TEAM & CLUB: _____

2. ADDRESS: _____ STATE: _____ POSTCODE: _____

3. DATE OF BIRTH: ____ / ____ / ____	OCCUPATION:	HOME PHONE NO.:	WORK PHONE NO.:
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4. DATE OF INJURY ____ / ____ / ____	TIME OF INJURY _____ AM / PM
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5. DESCRIBE YOUR INJURY AND HOW IT HAPPENED?

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<p>6. a. Playing Surfaces:-</p> <p>INDOOR <input type="checkbox"/> OUTDOOR <input type="checkbox"/></p> <p>SYNTHETIC <input type="checkbox"/> ASPHALT <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>b. Under what circumstances?</p> <p><input type="checkbox"/> Officially organised competition</p> <p><input type="checkbox"/> Officially organised practice</p> <p><input type="checkbox"/> Social or private competition</p> <p><input type="checkbox"/> Social or private practice</p> <p><input type="checkbox"/> Travelling</p> <p><input type="checkbox"/> Other (please state what you were doing)</p> <p>.....</p>	<p>c. Weather Conditions:-</p> <p>DRY <input type="checkbox"/> WET <input type="checkbox"/></p> <p>d. Name of a witness to the injury:-</p> <p>.....</p> <p>.....</p> <p>e. Person to whom incident reported:-</p> <p>.....</p> <p>.....</p> <p>Date: / / Time: am / pm</p>
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7. Did you cease training / playing immediately as a result of the injury? YES NO

If no, please provide reason:-

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This section MUST be completed, if exact dates not known please provide approximate dates.

8. When do you expect to resume:-

WORK: / / TRAINING: / / PLAYING: / /