



Indoor Sports NSW

Incident/Injury Report

Centre Name.....

Date of Incident/Injury.....

Time of Injury AM/PM

Date of Report to Centre

If not date of Incident/Injury why?

Name of Injured Player

Address

Email Address.....

Phone (h) (w) (m)

Team Name..... Competition Name

What sport was being played?

What injury has occurred?

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How did the incident/injury occur (describe in detail)?

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What treatment has taken place?

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Who provided the treatment?

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Was an ambulance called? Yes/No

Name of witness of the Incident/Injury

Title (Captain, umpire, etc.).....

Address.....

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Did the injured person request a sports injury claim form Yes/No

Was an Indoor Sports NSW Sports Injury claim form provided Yes/No

Has the Injured player been advised relating to the policy coverage Yes/No

General Comment by Centre Management on the

incident.....

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Signed Dated