

BANKSTOWN DISTRICT AMATEUR SOCCER ASSOCIATION INC.

NOTIFICATION OF INJURY

NAME John Smith ID. NO. 55814627
CLUB Cordell Park Football Club TEAM G.13/1
DATE OF INJURY 3-3-08 VERSUS Bass Hill
PLAYED AT Walshaw
WITNESS/REFEREE L Pay PHONE 9555.1434
CLUB SECRETARY _____ DATE _____

ON COMPLETION, THIS CARD MUST BE FORWARDED TO THE INSURANCE RECORDER OR HANDED IN TO THE MANAGEMENT COMMITTEE MEETING ON THE MONDAY EVENING AFTER THE INCIDENT.
SEE OVER

TYPE OF INJURY Left ankle sprain
HOW DID INJURY HAPPEN? fell on uneven ground

WAS AN AMBULANCE CALLED? YES / NO
WHICH SIDE WAS INJURED? LEFT RIGHT

NOTE: IF MEDICAL ATTENTION IS REQUIRED, PLEASE PREPARE A CLAIM FORM, OBTAINABLE FROM YOUR CLUB SECRETARY AND SUBMIT TO THE INSURANCE RECORDER WITHIN TWO WEEKS OF INJURY.