When the form is completed, the Team Manager or Coach is required to keep a copy and at the end of the season hand all injury report forms in for filing. Please also forward the report to the Committee personnel outlined below **the week of the injury.**

**Secretary:** Leith Wickstein

**Mobile:** 0431 018 500

**E-Mail:** secretary@langyjfc.com

**Fields marked with \* are mandatory.**

|  |  |
| --- | --- |
| **Age Group: \*** |  |
| **Team Name: \*** |  |
| **Date Form Completed: \*** |  |
| **Date of Injury: \*** |  |
| **Name of Injured Player: \*** |  |
| **Telephone Number of Injured Player: \*** |  |
| **Type of Injury: \*** |  |
| **Opposition Team Name: \*** |  |
| **Ground Where Injury Occurred: \*** |  |
| **The Quarter the Injury Happened: \*** |  |
| **The Approximate Time of Injury: \*** |  |
| **Please advise of details and treatment given to player injured: \*** |
|  |
| **Team Manager Name: \*** |  | **Coach Name: \*** |  |
| **Signature: \*** |  | **Signature: \*** |  |
| **Date: \*** |  | **Date: \*** |  |