

This form must be completed for all injuries which occur at Touch Football Australia affiliated associations or events. The injury form and game sheet must be forwarded to Sportscover within 30 days from the date of injury for a claim to be recognised. This is particularly important from an insurance prospective, to assist in streamlining injury claims.

1. Recommended Injury Action Plan

Step 1:

R - Rest the injured area
 I - Ice (20mins on, 20mins off for 48hrs minimum)
 C - Compress the injured area (eg. with a bandage)
 E - Elevate the injured area above heart level

Step 2:

Complete all areas on this form (as soon as practical on the date the injury occurs) with assistance from a representative of your affiliate and attach a photocopy of the game sheet with record of the injury.

Step 3:

Complete the Sports Claim Form Request. Sportscover will then communicate with you directly.

2. Personal Details

Name:

Address:

P/C

Contact Phone Numbers:

H W

M F

Email:

3. Incident Report Details

Date: / / Time: am/pm

Team Name:

Opposition Team Name:

Venue: Field Number:

4. Injury

Nature of Injury:

Brief Report of How Injury Occurred: *

* Attach further information on separate page if insufficient room.

5. Injured Participant Declaration

To the best of my knowledge, the above details surrounding my injury are true and accurate.

Signature:

Date: / /

6. Affiliate Representative Declaration

To the best of my knowledge, the details surrounding the injury are true and accurate. The injured participant is a registered and financial member of our association.

Name of Affiliate Representative:

Position (e.g. committee member):

Affiliate Name:

Affiliate COC Number:

Signature:

Date: / /

Contact Phone Numbers:

H W

M F

Email: