

#103-8411 200<sup>th</sup> STREET  
Langley, BC V2Y 0E7  
TEL:: (604)888-0050  
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## NOTIFICATION OF CLAIM ATHLETICS GROUP DEPARTMENT

Full Name of Insured Person \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth D/M/Y \_\_\_\_\_

If a Minor, give Full Name of Parent or Guardian (Relationship) \_\_\_\_\_ Your Employer or that of Parent or Guardian \_\_\_\_\_

Name of Team or League for Which You Were Playing \_\_\_\_\_ Sport \_\_\_\_\_

Date of Injury \_\_\_\_\_ Date First Treated By Dentist (If applicable) \_\_\_\_\_

Explain, in Detail, How the Accident Occurred?  
\_\_\_\_\_  
\_\_\_\_\_

Was It During a Practice Period of Playing a League Game? \_\_\_\_\_ Where Game or Practice was Taking Place \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Name of Dentist or Doctor \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

What Other Hospital, Medical or Dental Insurance Do You Have?  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Insured or Guardian \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_

### **CERTIFICATE OF TEAM MANAGER OR CLUB EXECUTIVE**

Name of Team/League/Association \_\_\_\_\_ Policy Number or Certificate Number \_\_\_\_\_

What Sport is Team Engaged In? \_\_\_\_\_ Was He/She Injured While Playing in a League Game or in a Practice? \_\_\_\_\_

Was the Above Player a Member At The Time of Injury? \_\_\_\_\_ On What Date Did He/She Join the Team? \_\_\_\_\_

Signed \_\_\_\_\_ State Position in Club \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_