



# Sport Injury Report Form

This form is to be completed by a club official at the time of the injury and submitted to Provincial Sport Organization at the end of the game.

SUBMIT COMPLETED FORM TO:  
Ontario Ringette Association within  
**7 DAYS** of the injury occurrence  
Fax: (416) 426 7359  
admin@ontario-ringette.com

## SECTION A: PERSON INJURED

Player Official Coach Other

First Name  Last Name  Date of Injury

Address  City  Prov.  PC  Phone #

Email Address:

(1st) Witness Name:  Contact Number:

(2nd) Witness Name:  Contact Number:

Location of Injury:  Outdoor Rink  Indoor Rink  Bleachers  Locker Room  Outside of Venue

Name of Arena  Name of Team/Organization:  City:

Form Completed By:  Contact #:

Age Category:  U6  U7  U8  U9  U10  U12  U14  U16  U19  18+  30+

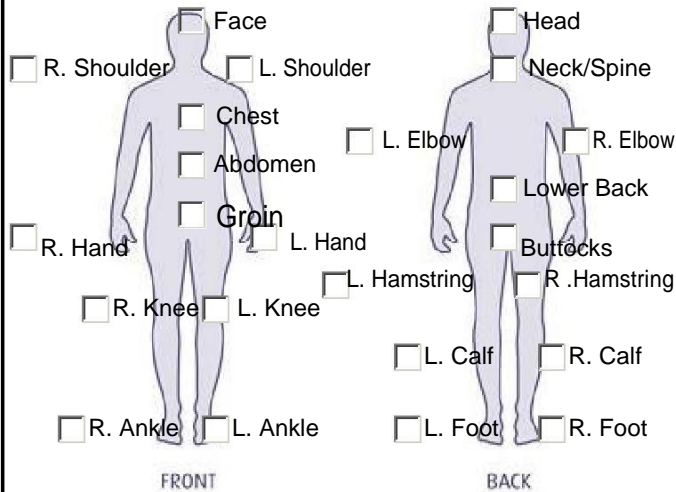
Level:  AA  A  B  C  Rec.  House Leag. Type of Activity:  Game  Recreation  Tryout  Practice

Injury Occurred During:  Pre Season  Post Season  Regular Season  Playoffs Time of Injury:  AM  PM Period of Play:  First  Second

PLEASE COMPLETE SECTION 'A' ABOVE IN FULL AND AS MUCH OF SECTION 'B' BELOW AS POSSIBLE

## SECTION B: DETAILS OF INJURY

Body Part(s) Injured (Please Select all that apply)



Subject Involved:  Male  Female

Weight (lbs)  Height (Inch)

Year of Birth

Nature of Injury:

Fracture  Laceration  Sprain/Strain  
 Head Injury  Dislocation  Skin Injury  
 Recurring Injury   
 Other (Specify)

Injury Type:  Contact  Non-contact

Symptoms:  Loss of Feeling  Pain  Dizziness  
 Shortness of Breath  Loss of Consciousness/Fainting\*  
 Other, specify

\* All loss of consciousness or fainting requires IMMEDIATE medical follow-up - CALL 911

Care:  Trainer  Hospital Care  EMS  Family Physician

If treated at Hospital, party transported by:

Ambulance  Personal/Private Vehicle

Initial Treatment:  RICE (Rest, Immobilize, Cold, Elevate)

CPR  Stretching  Manual Therapy  Dressing  
 Wrapping/Taping  Sling/Splint  None

Was Injured Part Wearing Protective Equipment?

Yes  No   
If not, why?

Has injured party filed an insurance claim?  Yes  No

Anticipated Injury Time Loss:

0 Days  1-5 Days  5-10 Days  10+ Days

Signature:  Date of Injury:  Current Date:

Please type your name when using on-line form

ALL INFORMATION COLLECTED ON THIS FORM OF A PERSONAL NATURE IS STRICTLY CONFIDENTIAL AND WILL NOT BE DISCLOSED TO A THIRD PARTY.  
Please forward completed form to Ontario Ringette Association by mail, email or fax as indicated above, within 7 DAYS of the injury occurrence.