



# INITIAL NOTIFICATION OF INJURY FORM

## Player Details

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
FFA ID Number: \_\_\_\_\_ Club: \_\_\_\_\_

## Injury Details

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Ground: \_\_\_\_\_ Opposition: \_\_\_\_\_

**Occurred while participating in:**

- A)  Summer Comp     Winter Comp     Futsal     Training     Other .....
- B)  SSG 6-10     Jnr Comp Boys     Jnr Comp Girls     All Age Men     All Age Women
- PL 1&2 (\*first / reserves)

**Injury type:**

- C)  Ankle     Knee     Leg     Hand/Arm     Head     Other, specify.....

**Which side was the injury:**

- D)  Right     Left

**How did the injury occur:**

- E)  In a tackle     Player and / or goalkeeper collision     While running /turning
- Goal keeping duties     Other, specify.....

**Was an ambulance called:**

- F)  No     Yes, \*if available - Incident number .....

- G)  Witness  Referee – I.D No. \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Contact details: \_\_\_\_\_

## Club Official Details

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position \_\_\_\_\_ Date: \_\_\_\_\_

\*only executive members are to sign this form and confirm all information is true and accurate.