



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 **2 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

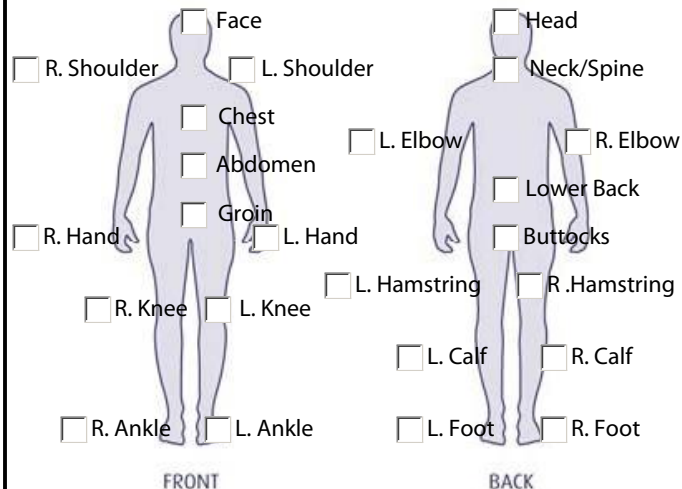
Time of Injury: AM PM

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 **2 DAYS** of the injury occurrence.