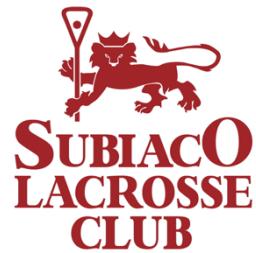


Subiaco Lacrosse Club

Injury / Incident Report Form

(For Juniors and Adults – aligned with Lacrosse Australia insurance requirements)



IMPORTANT

This form is to be completed **as soon as possible after an injury or incident** occurring during Subiaco Lacrosse Club activities (training, matches, events).

This report is a **factual record only** and **is not an admission of liability**.

Completion of this form **does not replace** any additional reporting required by **Lacrosse Australia or the State Association** for insurance claims.

SECTION 1 – INJURED PERSON DETAILS

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / ____
- **Age:** _____
- **Gender:** _____
- **Contact Phone:** _____
- **Email:** _____
- **Residential Address:** _____
- **Player Status:** Junior Senior Coach Official Volunteer
- **Team / Grade:** _____

SECTION 2 – INCIDENT DETAILS

- **Date of Incident:** ____ / ____ / ____
- **Time of Incident:** _____ am / pm

- **Venue / Location:** _____
- **Activity:** Match Training Warm-up Other: _____
- **Was this part of a Club sanctioned activity?** Yes No

SECTION 3 – DESCRIPTION OF INCIDENT

(Please describe exactly what happened. Include sequence of events. Do not assign blame.)

SECTION 4 – INJURY DETAILS

- **Body Part(s) Injured:** _____
- **Nature of Injury (confirmed or suspected):** Laceration Sprain Strain
 Dislocation Fracture Concussion Other: _____
- **Was the injury new or a recurrence?** New Recurrence
- **Did the injury require removal from play?** Yes No
- **Was protective equipment worn?** Yes No

SECTION 5 – IMMEDIATE TREATMENT

- **Treatment Provided:** Ice Compression Immobilisation First Aid None
 Other: _____
- **By Whom:** Physiotherapist First Aid Officer Coach Other:

- **Was medical attention sought?** Ambulance Hospital GP Physio No

SECTION 6 – WITNESSES (if applicable)

Witness 1 Name: _____ **Contact:** _____

Witness 2 Name: _____ **Contact:** _____

SECTION 7 – PARENT / GUARDIAN DETAILS (JUNIORS ONLY)

- **Parent / Guardian Name:** _____
- **Contact Phone:** _____
- **Email:** _____

SECTION 8 – REPORT COMPLETED BY

- **Name:** _____
- **Role:** Coach Team Manager Trainer Official Other: _____
- **Contact Details:** _____
- **Signature:** _____
- **Date:** ____ / ____ / ____

PRIVACY & RECORD KEEPING

This form will be stored securely by Subiaco Lacrosse Club and may be shared with the relevant State Association and **Lacrosse Australia** for insurance and compliance purposes, in accordance with privacy legislation.

NEXT STEPS (OFFICE USE)

- State Association notified
- Lacrosse Australia insurance process initiated
- Additional documentation requested (medical certificate, claim form, etc.)

Handled by: _____ **Date:** ____ / ____ / ____