

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:** _____
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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
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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
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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
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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:** _____
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SECTION 8 – REPORT COMPLETED BY

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