



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
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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)

FRONT

- Face
- R. Shoulder L. Shoulder
- Chest
- Abdomen
- Groin
- R. Hand L. Hand
- R. Knee L. Knee
- R. Ankle L. Ankle

BACK

- Head
- Neck/Spine
- L. Elbow R. Elbow
- Lower Back
- Buttocks
- L. Hamstring R. Hamstring
- L. Calf R. Calf
- L. Foot R. Foot

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**

Please indicate in the box below what caused the injury and whether it could have been avoided, i.e. equipment failure (include make/model).

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

Please indicate on the picture below where on the ice the incident occurred.

Describe in words if using on-line form.

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.