



Glebe District Hockey Club

Incident/Accident Report

Glebe District
Hockey Club
INC

ABN: 61 498 918
082

A Champion Club
A Club of
Champions

Certificate of
Incorporation

Registration No:
Y 07620 - 31

Certificate of
Insurance
Currency

Policy Number:
PMEL99/0085946

Period of
Insurance:
31/03/15 - 31/03/16

Players Name

Player ID

Date of Injury

Time of Injury (Approx)

Glebe District Hockey Club Playing Team

Ground/Venue

Manager/Coach

Injury Description

How did injury occur?

Type of assistance: e.g. bandage or icepack etc

Name and contact details of at least 2 witnesses to the injury

1.)

2.)

Ambulance required?

Yes	<input type="radio"/>	No	<input type="radio"/>
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Glebe District Hockey Club: Declaration

Club Contact Name:

Club Position:

Contact Phone:

Contact Postal Address:

Contact Email:

By signing the declaration form, you confirm and agree to the following

a.) You are an authorised representative of, and you are acting on behalf of the claimant and the Club (as above).

b.) After reasonable inquiry, you can confirm that the injury details supplied herein are true and accurate.

c.) You declare the claimants injury was sustained accidentally during the hockey activity noted above and is not a pre - existing illness or condition.

Club Representative Signature:

Date: / /