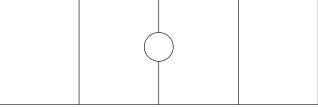


LV MATCH DAY ACCIDENT REPORT

This form should be completed for any significant accident that has occurred.

LV Match day accident report forms must be returned to Lacrosse Victoria by mail or to <u>finance@lacrossevictoria.com.au</u>.

Name of player injured					
Player's Club					
Ground at which injury occurred					
Match between					
Date and time of injury					
Description of injury					
Was the ground condition a factor in causing the					
accident? Yes / No (please circle) If yes, comment on the condition of the ground where the injury occurred					
Home Club			A۱	way Club	
Name of Club Official			Na	ame of Club Official	
Signature			Si	gnature	



Plot in the sketch the position where the injury occurred



Level 2, Sports House 375 Albert Rd Albert Park VIC 3206 Ph: (03) 9682 3300 Fax: (03) 9681 6749 Email: office@lacrossevictoria.com.au

ABN: 31 876 640 323