



**LACROSSE
VICTORIA**

Personal Injury Report

Please return completed form to Lacrosse Victoria within 7 days of the incident.

Email: finance@lacrossevictoria.com.au

Lacrosse Victoria will arrange for Claim forms to be forwarded to the player by the insurance Company.

Personal Details			
Given Name		Surname	
Address			
Suburb		Postcode	
Phone		Mobile	
Lacrosse Club			
Current Financial Member (If No, clubs fees are required to be paid within 7 days for claim to be processed)		Yes	No
Injury Details (circle where appropriate)			
Nature of event	Training Game Other	Grade	SL SLR CL U18 U16 U14 U12
Team		Venue	
Time		Date	/ /
Type	Player	Coach	Official Other:
Description of Incident			



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Resultant Injury	
Details of First Aid Provided	
Name of Two Witnesses: (Coach, Team Manager, Committee Member)	
Witness One	
Witness Two	
Player Signature	
If U18; Parent/Guardian Signature	

Excess medical/hospital expenses are only payable after Medicare and Private Health Insurance (if applicable) rebates have been paid.

Club to keep a copy of this form.