



**LACROSSE
VICTORIA**

LV 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				Post Code					
Phone				Mobile					
Lacrosse Club									
Current financial member (If No, club fees are required to be paid within 7 days for claim to be processed)					<input type="checkbox"/> Yes <input type="checkbox"/> No				
Injury Details (circle where appropriate)									
Nature of event	Training Game Other			Grade:	SL SLR CL CC U18 U17 U16 U14 U12 U10				
Team				Venue					
Time		Date:	/ /	Type:	Player Coach Official				
Description of Incident									
Resultant Injury									
Details of First Aid Provided									
Names of two Witnesses: (coach, team manager, committee member)									
1									
2									
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.