Please return completed form to Lacrosse Victoria within 7 days of the incident.
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) | [ ]  Yes [ ]  No |
| **Injury Details (circle where appropriate)** |
| **Nature of event** |  Training Game Other  | Grade:  | SL A B U17 U15 U13 U11 |
| **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.