



## LV PERSONAL INJURY REPORT

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

Email: [finance@lacrossevictoria.com.au](mailto: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.



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