



Lake Simcoe Soccer Club Inc.
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Player _____ Date: _____

Player Address _____ Age _____

Parent/Guardian _____ Sex _____

Guardian Address _____ Division _____

Date of Injury _____ Time of Injury _____ Team _____

Location of Player When Injured: _____

Nature/Extent of Injury (Place X in box)

Bruise
 Scrape
 Cut

Sprain
 Fracture
 Other

Location and of Injury (Specific Body part)

Explain Fully What Player(s) was/were doing when injured:

Was injury due to carelessness or misconduct? (Explain fully)

Was injury due to defective equipment? _____

First Aid Administered? Yes No

Player released to: ER Doctor Parent Guardian Stayed at Field
 Parent Guardian Notified By: _____ Date _____ Time _____
 Signature of Reporting Person _____ Date _____

REPORT MUST BE SUBMITTED WITH ORIGINAL SIGNATURES WITHIN 48 HOURS TO LAKE SIMCOE SOCCER CLUB