



3370 South Service Rd., Suite 200/201 Burlington, ONL7N 3M6

### BURLINGTON SOCCER CLUB PLAYER INJURY REPORT FORM

***This form must be completed for all injuries occurring at a soccer event and requiring an evaluation by a Physician or Health Practitioner (e.g. 911 is called, player taken to hospital/clinic, concussion suspected). A Team Official (Trainer, Coach, Assistant Coach, or Manager) who witnessed the incident must complete this form and submit it to the BSC office within 24 hours at [injury@burlingtonsoccer.com](mailto:injury@burlingtonsoccer.com) If an insurance claim needs to be made through OSA, parents/guardian can refer to Ontario Soccer Insurance link: <http://www.hubinternational.com/en-CA/programs-associations/ontario-soccer/>***

***If the player sustained a concussive injury outside of a soccer-related event (e.g. at school, at home, etc.), please check this box, complete relevant sections of the form, and send to BSC; concussion protocol will need to be followed; player is not eligible for OSA insurance.***

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_

Player's Full Name: \_\_\_\_\_

Location of Injury (Field Name, Town, etc.): \_\_\_\_\_

List Injuries (E.g. Head injury – list symptoms; fracture; sprain; etc.): \_\_\_\_\_

Describe Incident / Mechanism of injury (E.g. Head-to-head collision, fell awkwardly on right ankle, etc.): \_\_\_\_\_



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Emergency Medical Services called? Yes \_\_\_\_\_ No \_\_\_\_\_

Hospital / Clinic (where player being transported): \_\_\_\_\_

Mode of Transportation to Hospital / Clinic: \_\_\_\_\_

Parents / Guardians of Player: \_\_\_\_\_

Advised: Yes \_\_\_\_\_ No \_\_\_\_\_

TEAM INFORMATION: Competitive  House League

Team Name/Age: \_\_\_\_\_ Opposing Team: \_\_\_\_\_

Name of Team Official completing this form: \_\_\_\_\_

Team Official Position: \_\_\_\_\_ Team Official Ph. #: \_\_\_\_\_

Signature: \_\_\_\_\_

a) Witness Name: \_\_\_\_\_ Witness Ph. #: \_\_\_\_\_

b) Witness Name: \_\_\_\_\_ Witness Ph. #: \_\_\_\_\_