

# Member Injury Report



|                                  |  |
|----------------------------------|--|
| Name of person reporting injury: |  |
|----------------------------------|--|

|  |   |       |  |
|--|---|-------|--|
| Injury report details:   | Name of injured person:                               |       |  |
|  | Date of injury:                                       |       |  |
|  | Time of injury:                                       |       |  |
|  | Location of injury:<br>(court/venue)                  |       |  |
|  | Club/s involved:<br>(i.e. Saints 1 VS Cutters 1)      |       |  |
|  | Person/s involved:<br>(i.e. Saints WA and Cutters WD) |       |  |
|  | Description of how injury occurred:                   |       |  |
| <i>I hereby agree that all the information provided on this form to be true and correct.</i> |   |       |  |
| Signature:   |   | Date: |  |

|   |  |  |
|---|--|--|
| Injured person details:<br>(for Cairns Netball to do a follow up) | Name:  |  |
|   | Club & Team Name:  |  |
|   | Email address:<br>(if under 18 please provide parents details) |  |
|   | Phone #:<br>(if under 18 please provide parents details)       |  |

PLEASE TURN OVER PAGE AND COMPLETE  
**\*NETBALL INJURY REPORTING FORM**



