

# INJURY REPORT FORM



**SOUTH AUSTRALIAN MASTERS SQUASH ASSOCIATION**

ABN: 11 373 926 520

## INJURY REPORT FORM

**DATE OF INJURY**

**VENUE**

**PLAYERS NAME**

**NATURE OF INJURY** (eg. Be specific – knee)

**CIRCUMSTANCES OF INJURY**

**ACTION TAKEN AT TIME OF INJURY**

(ie. Ice applied, Taken to hospital)

**SIGNATURE OF INJURED PLAYER :**

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

**NAME and SIGNATURE OF DIVISION CONTROLLER :**

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

**NAME and SIGNATURE OF WITNESS TO INCIDENT :**

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

Score card attached - *Recommended*

**\*\*Division controller to retain a copy.**

A copy of the **Injury Report Form** to be sent to [secy@sams.asn.au](mailto:secy@sams.asn.au) for SAMS records