



WHEN AN INJURY HAPPENS

When an injury happens, the following steps are to be taken to ensure all relevant information is gathered in the event of a claim:

1. An injury report is to be completed **and signed**, be sure to make copies for your records, **send in originals**:
 - a) If the injured party is a player, the form can be completed and signed by injured player, their coach or team manager
 - b) If the injured party is a spectator, the form can be completed and signed by the spectator, coach or team manager of the home team.
 - c) If the injured party is a team employee or volunteer, the form can be completed and signed by injured employee or volunteer, the coach or team manager of the team they belong to.
2. If there are any witnesses to the incident, they are to complete and sign a witness report, so that they may be contacted if necessary.
 - a) If the injured party is a player, their coach or team manager is responsible for collecting this form from any witnesses.
 - b) If the injured party is a spectator, the coach or team manager of the home team is responsible for collecting this form from any witnesses.
 - c) If the injured party is a team employee or volunteer, the coach or team administrator is responsible for collecting this form from any witnesses.
3. Injury & Witness reports are to be forwarded to Rugby Canada.
4. Copies of receipts are to be forwarded to Rugby Canada.



RUGBY CANADA INJURY REPORT

CLAIMS MUST BE PRESENTED WITHIN 90 DAYS OF THE INJURY DATE

INJURED PARTICIPANT: Player Team Official Game Official **DATE OF INJURY:** ____/____/____
 Spectator Volunteer Employee

Name: _____ Parent/Guardian: _____

Date of Birth: ____/____/____ Sex: (M) (F)

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Phone Number: (____) _____

Fax: (____) _____ E-mail: _____

*** IMPORTANT* FORMS INCLUDING MEMBERSHIP NUMBER, MUST BE COMPLETED IN FULL OR FORM WILL BE RETURNED.**

This form must be completed for each case where a player, spectator or any other person at a sanctioned rugby activity, sustains an injury. Once completed a copy is to be sent to your Provincial Union. This form can be completed as follows: a) If the injured party is a player, team employee or volunteer, the form can be completed and signed by injured party, their coach or club administrator b) If the injured party is a spectator, the form can be completed and signed by the spectator, coach or club administrator of the home team.

Provincial Union: _____ **(If Player) Team Name:** _____

BODY PART INJURED:

Head <input type="checkbox"/> Eye Area <input type="checkbox"/> Face <input type="checkbox"/> Throat <input type="checkbox"/> Dental <input type="checkbox"/> Ear	Back <input type="checkbox"/> Neck <input type="checkbox"/> Upper <input type="checkbox"/> Lower	Trunk <input type="checkbox"/> Ribs <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen	Arm <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow	<input type="checkbox"/> Left <input type="checkbox"/> Right	Pelvis <input type="checkbox"/> Hip <input type="checkbox"/> Groin	Leg <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Shin	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Foot <input type="checkbox"/> Toe <input type="checkbox"/> Other
---	--	---	---	---	---	--	---	---

NATURE OF CONDITION: Concussion Contusion Fracture
 Internal Organ Injury Strain Laceration Dislocation Sprain
 Separation Death Spinal Injury

ON-SITE CARE: On-Site Care Only Refused Care
Sent to Hospital by: Ground Ambulance Air Ambulance
 Car

WHERE INCIDENT OCCURRED: Pitch Locker Room Stands Concession Area Parking Lot City Name: _____
 Exhibition / Regular Season **Playoffs / Tournament** **Practice** **Try-Outs** **Other**
 Warm-Up 1st Half 2nd Half Injury Time _____
Pacific Time / Mountain Time / Central Time / Eastern Time / Newfoundland Time / Labrador Time

WEARING WHEN INJURED: Head Gear Contact Suit Mouth Guard Shoulder Pads Other: _____

Was the injured player in the correct league and level for their age? Yes No **Was this a sanctioned Rugby Canada activity?** Yes No

CAUSE OF INJURY:

Collision Collision w/ Own Player Collision w/ Opponent
 Hit by Ball Fall on Pitch Non-Contact Injury
 Tackled from Behind Fight Blindsiding Other _____

ADDITIONAL INFORMATION:

Has the player sustained injury before? Yes No
If "Yes" how long ago _____
Was a penalty called as a result of the incident? Yes No
Estimated absence from rugby? 1 Week 1-3 Weeks 3+ Weeks

DESCRIBE HOW ACCIDENT HAPPENED: (Attach page if necessary)

TEAM INFORMATION: (To be completed by a Team Official) Union: _____

Team Name: _____ Team Official: _____ Team Official Position: _____

Team Official's Contact Number: (____) _____ Opposing Team: _____

HEALTH INSURANCE INFORMATION: * THIS MUST BE COMPLETED IN FULL OR FORM PROCESSING WILL BE DELAYED*

Occupation: Employed Full-Time Employed Part-Time Employer (If minor, list parent's employer): _____ Unemployed Full-Time Student
Government Health Insurance Plan Number: _____

1. Do you have provincial health coverage? Yes No Province: _____ 2. Do you have other insurance? Yes No (If "Yes", Please Submit Claim To Your Primary Health Insurer)

3. Has a claim been submitted? Yes No (If "Yes", Please Forward Primary Insurer Explanations of Benefits)

BRANCH APPROVAL:

Membership Number: _____

If Member, Date of Enrollment: ____/____/____
Month Day Year

RUGBY CANADA WITNESS REPORT



Name of Witness: _____ Birthdate: ____/____/____ Sex: (M) (F)
Mo. Day Yr.
 Address: _____ City/Town: _____
 Province: _____ Postal Code: _____ Parent / Guardian: _____
 Phone Number: (____) _____ Fax Number: (____) _____ Email Address: _____

*** IMPORTANT* FORMS MUST BE COMPLETED TO THE BEST CAPABILITY OF THE WITNESS.**

A Witness is an individual who, being present, personally sees an incident / event occur.

This form must be completed for each case where a player, spectator or any other person at a sanctioned rugby activity, sustains an injury.

WHO WAS INJURED? Player Official Judge Vendor Spectator Other: _____

Name: _____ Team: _____

Club: _____ Union: _____

BODY PART INJURED:

Head	Back	Trunk	Arm	<input type="checkbox"/> Left	<input type="checkbox"/> Right	Pelvis	Leg	<input type="checkbox"/> Left	<input type="checkbox"/> Right
<input type="checkbox"/> Eye Area <input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Ribs	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hand/Finger	<input type="checkbox"/> Hip	<input type="checkbox"/> Thigh	<input type="checkbox"/> Foot		
<input type="checkbox"/> Throat <input type="checkbox"/> Dental	<input type="checkbox"/> Upper	<input type="checkbox"/> Chest	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Forearm/Wrist	<input type="checkbox"/> Groin	<input type="checkbox"/> Knee	<input type="checkbox"/> Toe		
<input type="checkbox"/> Ear	<input type="checkbox"/> Lower	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Elbow	<input type="checkbox"/> Collarbone		<input type="checkbox"/> Shin	<input type="checkbox"/> Other		

ON-SITE CARE: On-Site Care Only Refused Care **SENT TO HOSPITAL BY:** Ground Ambulance Air Ambulance Car

WHERE INCIDENT OCCURRED: Pitch Locker Room Stands Concession Area Parking Lot Other: _____

Exhibition / Regular Season Playoffs / Tournament Practice Try-Outs Other

Warm-Up 1st Half 2nd Half Injury Time _____

Pacific Time / Mountain Time / Central Time / Eastern Time / Newfoundland Time / Labrador Time

Was this a sanctioned Rugby Canada activity? Yes No

DESCRIBE HOW ACCIDENT HAPPENED:

(Attach page if necessary)

Signed: _____
 (Parent/Guardian if under 18 years of age)

Date: _____