

Canadian Arm Wrestling Federation

Injury Report

Tournament Name	Tournament Date
Tournament Location	Tournament Director

Type of Tournament

Local <input type="checkbox"/>	Prov. Sanction <input type="checkbox"/>	CAWF Circuit <input type="checkbox"/>	Provincials <input type="checkbox"/>	Nationals/International <input type="checkbox"/>
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Injured Person Report

Name		Phone:	
Sex	Weight	Age	Years Arm Wrestling

Were the rules including "Dangerous Positions" demonstrated before the competition? yes no			
Was this person in a dangerous position immediately prior to the injury? yes no			
Was medical attention administered on-site? yes no		By Who?	
Did they go to a hospital/medical facility? yes no			
How did they get there?	Friend	Ambulance	Other
Was the arm broken and if so where? yes no			
Was anyone videotaping? yes no	Name:		Phone:
Name of Head Referee:		Level:	Phone:
Name of Second Referee:		Level:	Phone:
Comments			
Name:(please print)			Date:
Signature:			