



Storm FC
Po Box 104, Station A
Orangeville, Ontario
L9W 2Z5
Phone: (519) 941-2517
E-Mail: office@orangevilleminorsoccer.ca
Website: www.orangevilleminorsoccer.ca

Player Injury Report Form

This form must be completed for injuries requiring medical attention from a physician. The coach/assistant coach, with input from the player (or guardians if under 18) should complete the form within 72 hours of the accident. Once completed and signed the form should be sent immediately to the OMSC soccer office as listed above.

PLEASE PRINT

Full Name of Injured Player _____

Parents/Guardians of Injured Party (if applicable) _____

Address of Injured Party:

Phone Number of Injured Party _____

Nature of Injury _____

Date and Time of Accident _____

Location of Accident (Field Name, Town, etc) _____

Weather & Field Conditions at the time of accident _____

Teams participating _____

Name of Referee(s) _____

Name of Injured Party's coach _____



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Description of how the accident occurred:

What happened to the injured party after the injury occurred?

Was the injured party hospitalized? ☐ Yes ☐ No

If hospitalized, which hospital? _____

Name of Person completing this form: _____

Signature of Person completing this form: _____

Date form Completed: _____