



21 Bird Crescent
Ajax, ON, L1S 5G3

ATHLETIC ACCIDENT CLAIM FORM

Section 1 (Please Print)				
Last Name		First Name		DOB
Address				
City		Province		Postal
Parent (if Minor)				
Home #		Cellular #		

Section 2		
Date of Accident		Time
Location of Accident		
What is the Injury		
Date of First Treatment		
Name of Hospital		
Date of Admission		
Date of Discharge		Attending Physician

Section 3	
Describe how the Injury Happened	

Section 4 (Your sports accident policy is an excess accident policy, proof of exhausting all other insurance must accompany your expenses)						
Employer						
Parent/Spouse Coverage						
Name of Used Insured Employer				Policy #		
Address of Employer						
City		Province		Postal		Certificate

Section 5 - CERTIFICATION OF CLUB ASSOCIATION OR EXECUTIVE						
<small>(Do not complete this section, have it completed by your League President or Executive)</small>						
Team Name				League /Association		
Policy #				Sport Played		
Was the Above Player a Registered Member at the Time of injury?				Yes / No		
Was the Above Player Involved in Authorized Activity?				Yes / No		
Name				Position		
Phone #				Signature		

Section 6	
I hereby certify that the information provided above is correct	
Claimant/Gaurdian Signature	Date
Send completed form alone with any invoices of expenses	