



KEILOR BASKETBALL ASSOCIATION

INJURY REPORT FORM

Injured Persons Full Name: **Signature:**

PLAYER: ____ **SPECTATOR:** ____ **COACH:** ____ **REFEREE:** ____ **EMPLOYEE:** ____ (Tick one)

Contact Phone No: **DOB:** **Male / Female (circle)**

Address:

Date of Injury: / / **Time of Injury:** am/pm **Venue & Court:**

Domestic Club:..... **Team Name/No :** **Age group:**..... **M/F**

Description of how injury occurred:

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Detail of injury sustained: (ankle, leg, hand etc left/right):

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Medical treatment administered: (ice, other)

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Was an Ambulance called: Yes / No

Name of person completing this form if not the injured person:

Contact Number: **Signature:**

Venue Supervisor Name: **Signature:** **Date:**

***THIS FORM IS TO BE HANDED TO VENUE SUPERVISOR OR RETURNED TO KEILOR BASKETBALL STADIUM
WITHIN 24 HOURS OF INJURY. Phone: 9336 0178***