

**ATHLETIC ACCIDENT CLAIM FORM**



**SECTION 1** (please print)

Last Name of Claimant \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 ( ) ( )

**SECTION II**

Date of Accident \_\_\_\_\_, 20\_\_\_\_ Hour \_\_\_\_\_ am/pm

Location of Accident \_\_\_\_\_

What is the injury? \_\_\_\_\_

Date of First Treatment \_\_\_\_\_

Name of Hospital taken to \_\_\_\_\_

Date of Admittance \_\_\_\_\_, 20\_\_\_\_ Hour \_\_\_\_\_ am/pm

Date of Discharge \_\_\_\_\_, 20\_\_\_\_ Attending Physician or Dentist \_\_\_\_\_

**SECTION III** Describe fully how the accident happened

\_\_\_\_\_

\_\_\_\_\_

**SECTION IV** (your sports accident policy is an excess accident benefits policy; proof of exhausting all other insurance must accompany your expenses)

Name of Employer \_\_\_\_\_

What medical coverage do you have through your/spouse/parent employment? \_\_\_\_\_

Name of the Insured Employer	Name of Insurer
Address of Employer	Address
City Prov. Postal Code	Policy No. Certificate

**SECTION V**

I hereby certify that all the information provided above is correct.

\_\_\_\_\_  
 Claimant/Guardian signature Date

Send completed form along with any invoices for expenses you had to pay yourself to Manitoba Lacrosse Association, 200 Main Street, Winnipeg, MB R3C 4M2. It is the responsibility of the Provincial Sport Organization to file the claim with Sport Manitoba. If you do not have any expenses at this time, please forward the forms only. Receipts for expenses can be forwarded directly to Sport Manitoba. Any inquiries can be directed to Sport Manitoba at 975-5604

**CERTIFICATION OF ASSOCIATION OR CLUB** - Do not complete this section yourself; have your Club or League President, Coach or Manager complete this section.

Name of Team \_\_\_\_\_

League or Association \_\_\_\_\_ Type of Sport \_\_\_\_\_

Was above player a registered member at time of injury? Yes/No \_\_\_\_\_

Was player injured while taking part in an authorized activity? Yes/No \_\_\_\_\_

Name \_\_\_\_\_ Position with Club \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**EXECUTIVE DIRECTOR OF PROVINCIAL SPORT ORGANIZATION**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

**CERTIFICATION OF SPORT ELIGIBILITY – SPORT MANITOBA**

Signature \_\_\_\_\_