

GRIMSBY TOWN YOUTH SOCCER CLUB INC.



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This form must be completed for all injuries occurring at a soccer event and requiring an evaluation by a Physician or Health Practitioner (e.g. 911 is called, player taken to hospital/clinic, concussion suspected). A Team Official (Trainer, Coach, Assistant Coach, Manager) who witnessed the incident must complete this form and submit it to the GTYSC office within 24 hours at soccer@grimsbysoccer.com. If an insurance claim needs to be made through OSA, parents/guardian can refer to Ontario Soccer Insurance link on GTYSC website).

If the player sustained a concussive injury outside of a soccer-related event (e.g. at school, at home, etc.), please check this box, complete relevant sections of the form, and send to GTYSC; concussion protocol will need to be followed; player is not eligible for OSA insurance.

Date of Injury: _____ Time: _____

Player's Full Name: _____ Player's Age: _____

Location of Injury (Field Name, Town, etc): _____

List Injuries (E.g. Head injury – list symptoms; fracture; sprain; etc.): _____

Describe Incident / Mechanism of injury (E.g. Head-to-head collision, fell awkwardly on right ankle, etc.): _____

Emergency Medical Services called? Yes _____ No _____

Hospital / Clinic (where player being transported): _____

Mode of Transportation to Hospital / Clinic: _____

Parents / Guardians of Player: _____ Advised: Yes _____ No _____

TEAM INFORMATION: Competitive _____ House League _____

Team Name/Age: _____ Opposing Team: _____

Name of Team Official completing this form: _____

Team Official Position: _____

Team Official Ph #: _____

Signature: _____

(1) Witness Name: _____ Witness Ph #: _____

(2) Witness Name: _____ Witness Ph #: _____

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