



This form is to be used if a player has to leave the training session, or a game for attention to an injury.

Name of injured player _____

Address _____ Post code _____

Age _____

Contact ph no. (1) _____ (2) _____

Venue:

Activity: Training/match -where did this occur: Netball SA Stadium/ Blackwood/

Other

(Specify) _____

Injury:

Date of injury _____ Approximate time _____

Type of injury _____

How did the injury occur?

Treatment:

(Please include Sports trainer/ Physio/ Doctor/ Ambulance/ Hospital (if applicable)

Note: If your injury requires treatment by a medical professional you will need clearance before resuming training/ playing.

Reported injury to Parent/ Coach/ Manager/ Primary Carer/ Other (specify)

_____ on (date) _____

This form was filled out by: _____

(Signature) _____ on (date) _____

Name: _____ Contact ph: _____

Please ensure this form is forwarded to the appropriate age grade Coordinator for record keeping.