



# INJURED PLAYER REPORT

ONTARIO LACROSSE ASSOCIATION  
3 Concorde Gate #306  
North York, ON  
M3C 3N7

INJURY SUSTAINED BY			
FULL NAME		NUMBER	TEAM NAME
<b>LEAGUE</b>	<input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 <input type="checkbox"/> Zone 10 <input type="checkbox"/> Junior/Senior		
<b>LEVEL OF PLAY</b>	<input type="checkbox"/> TYKE <input type="checkbox"/> NOV <input type="checkbox"/> PW <input type="checkbox"/> BAN <input type="checkbox"/> MID <input type="checkbox"/> INT <input type="checkbox"/> JrC <input type="checkbox"/> JrB <input type="checkbox"/> JrA <input type="checkbox"/> SrB <input type="checkbox"/> MSL <input type="checkbox"/> OSWBLL		
<b>CATEGORY</b>	<input type="checkbox"/> Houseleague <input type="checkbox"/> Competitive/Rep <input type="checkbox"/> N/A		
<b>GAME TYPE</b>	<input type="checkbox"/> Exhibition <input type="checkbox"/> Regular Season/Zone Game <input type="checkbox"/> Playoff <input type="checkbox"/> Tournament		
<b>DATE OF GAME (YY/MM/DD)</b>		<b>SCHEDULED GAME TIME</b>	
<b>ARENA NAME</b>		<b>LOCATION</b>	
<b>HOME TEAM</b>		<b>VISITING TEAM</b>	
<b>GAME TIME OF INJURY</b>		<b>PERIOD</b>	
<b>LOCATION OF INJURY ON BODY</b>	<input type="checkbox"/> Ankle <input type="checkbox"/> Eye <input type="checkbox"/> Groin <input type="checkbox"/> Lower Leg <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Back (lower) <input type="checkbox"/> Elbow <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Spine <input type="checkbox"/> Upper Arm <input type="checkbox"/> Back (upper) <input type="checkbox"/> Face <input type="checkbox"/> Hip <input type="checkbox"/> Ribs (front) <input type="checkbox"/> Sternum <input type="checkbox"/> Wrist <input type="checkbox"/> Dental <input type="checkbox"/> Finger <input type="checkbox"/> Internal <input type="checkbox"/> Ribs (side) <input type="checkbox"/> Ear <input type="checkbox"/> Foot <input type="checkbox"/> Lower Arm <input type="checkbox"/> Other (specify) _____		
<b>TYPE OF INJURY</b>	<input type="checkbox"/> Bruise <input type="checkbox"/> Dislocation <input type="checkbox"/> Laceration <input type="checkbox"/> Strain <input type="checkbox"/> Concussion <input type="checkbox"/> Fracture <input type="checkbox"/> Sprain <input type="checkbox"/> Other (specify) _____		
<b>SIGNS/SYMPTOMS OF INJURED PLAYER</b>	<input type="checkbox"/> Deformity <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Pain <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Bleeding <input type="checkbox"/> Loss of Feeling <input type="checkbox"/> Other (specify) _____		
<b>CAUSE OF INJURY</b>	<input type="checkbox"/> Collided with Boards <input type="checkbox"/> Equipment Issue <input type="checkbox"/> Non-Contact Injury <input type="checkbox"/> Collided with Net <input type="checkbox"/> Hit by Ball <input type="checkbox"/> Collided with Opponent <input type="checkbox"/> Other (specify) _____		
<b>LOCATION ON FLOOR WHERE INJURY OCCURRED</b>	<input type="checkbox"/> Defensive Zone <input type="checkbox"/> Neutral Zone <input type="checkbox"/> Penalty Bench <input type="checkbox"/> Face Off Circle <input type="checkbox"/> Player's Bench <input type="checkbox"/> Penalty Bench <input type="checkbox"/> Goal Crease <input type="checkbox"/> Other (specify) _____		
<b>PLAYER'S ACTIVITY AT THE TIME OF INJURY</b>	<input type="checkbox"/> Attacking <input type="checkbox"/> Defending <input type="checkbox"/> Passing/Shooting <input type="checkbox"/> Being Checked <input type="checkbox"/> Fighting <input type="checkbox"/> Scrum <input type="checkbox"/> Checking <input type="checkbox"/> Other (specify) _____		
<b>WAS A PENALTY CALLED ON THE PLAY</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MODE OF TRANSPORTATION</b>	<input type="checkbox"/> Ambulance <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Other (specify) _____
<b>PENALTY ASSESSED TO</b>	<input type="checkbox"/> Injured Player <input type="checkbox"/> Opposing Player		
<b>PENALTY ASSESSED</b>			
<b>REFEREE 1</b>		<b>REFEREE 2</b>	
<b>TRAINER'S NAME</b>		<b>PARAMEDIC'S NAME</b>	
<b>CERTIFICATION #</b>		<b>CERTIFICATION #</b>	
<b>VERBAL REPORT MADE TO</b>		<b>DATE (YY/MM/DD)</b>	
<b>REPORT COMPLETED BY</b>		<b>DATE (YY/MM/DD)</b>	
<b>SIGNATURE</b>			

