

Dartmouth Volleyball Club Accident Report Form

Complete this form whenever a volleyball accident/incident occurs which requires medical attention for an athlete, coach, official, volunteer or spectator and forward to the office of the Dartmouth Volleyball Club. This is not a claim form, this form must be filed prior to a medical/dental claim form being issued.

Submission of this form will allow for the study of the causes of volleyball injuries and the improvement of preventative measures.

Injured Participant Information:

Full Name:

Address:

Province:

PC:

Date of Birth (M/D/Y)

Male

Female

Club Information:

Club Name:

Club Contact Name:

Club Contact Email Address:

Club Contact Phone Number:

Indicent Information (check all that apply):

Date and time of incident:

Practice

Game

Practice

Club Sanctioned Activity

OVA Sanctioned Activity

Indoor

Outdoor

Describe Activity:

Name of Facility:

Address of Facility:

Playing surface:

Weather Conditions:

Describe Incident:

Type of Injury (check all that apply):

Dental

Internal

Skin Wound

Fracture

Ligament Injury

Bruise

Dislocation

Muscle Injury

Laceration

Cartilage Injury

Other

Collision Information (check all that apply):

Another Player

Ball

Spectator

Net System

Jumping/Landing

Score Table

Bench

Other

List the causes/reasons for the injury in order of importance:

- 1.
- 2.
- 3.

What Safety and preventative measures were in effect at the time of the accident/incident?

Was treatment provided on site? Yes No

If yes, please provide the name and title of those who provided treatment:

Was outside medical/dental attention obtained? Yes No

If yes, please provide the name and title of those who provided treatment:

What recommendations do you or the EMS personnel have for the prevention of such an injury?

Was outside medical/dental follow up advised? Yes No

If yes, what type of medical/dental care was advised?

Submitted by:

Name

Address

City Prov. PC

Country