



OFA Accident Report Form

Complete this form whenever a Floorball accident/incident occurs which requires medical attention for an athlete, coach, official, volunteer or spectator and forward to the office of the Ontario Floorball Association. This is not a claim form; this form must be filled prior to a medical/dental claim form being issued.

Submission of this form will allow for the study of the causes of Floorball 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:

Incident Information (Check all that apply):

Date and time of incident:

Practise Game Club Sanctioned Activity OFA Sanctioned Activity

Describe activity:

Name of facility:

Address of facility:

Playing Surface:

Describe incident:

Type of injury (Check all that apply):

Dental Internal Skin Wound Fracture Torn Ligament Bruise
 Dislocation Muscle Pull Laceration Torn Cartilage Other

Collision Information (Check all that apply):

Another Player Ball Spectator Net System Jumping/Landing Score Table
 Bench Loss of Footing Stick Infraction

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 recommendation do you or the EMS personal have for prevention of such injury?

Below please draw a diagram of playing venue and indicate where the injury took place and obstacles.

Submitted by:

Name:

Address:

City: **Prov.** **PC**

Country: