



South Australian Amateur Soccer League Inc.

REPORT OF INJURY

(To be lodged with the SAASL within 7 Days of injury & prior to lodging Insurance Claim)

The Player named in this report was injured whilst playing for:

CLUB Name: _____

In League Division _____

Please state first, reserve or thirds: _____

Date of Injury: _____

Name of Injured Player _____

Address: _____

Phone Number: _____ Email: _____

Name & Address of Employer: _____

Compulsory Period of Absence from work if known: _____

Nature & Area of Injury: _____

Claimants Signature: _____ Claimants FFA ID# _____

Witness Name & Signature: _____

Witness to the claimant's signature should be an officer of the claimant's Club

OFFICE USE ONLY: