



SOUTH AUSTRALIAN AMATEUR SOCCER LEAGUE INC.

Report of Accident

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

CLUB

In league division

(please state first, reserve or thirds)

Date of injury

FULL NAME OF INJURED PLAYER

ADDRESS

CONTACT PHONE # OR EMAIL

NAME & ADDRESS OF EMPLOYER

CONTACT NAME AT EMPLOYMENT

NATURE & AREA OF INJURY

COMPULSORY PERIOD OF ABSENCE
FROM WORK (IF KNOWN)

Claimants Signature

Witness Signature

NB: (a) The witness to the claimant's signature should be an officer of the claimant's club.

OFFICE USE ONLY: