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**Date of Injury:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Name of Referee/On-site:** \_\_\_\_\_

**Name of Injured Party:** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone/Cell #:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_ **Captain:** \_\_\_\_\_

**Description of Incident and Injury:** \_\_\_\_\_

\_\_\_\_\_

**Medical Treatment Received: If yes, what?:** \_\_\_\_\_

\_\_\_\_\_

**Was the person transported to a Medical Facility: Yes**\_\_\_\_ **No**\_\_\_\_

**If known, which one:** \_\_\_\_\_

**Was an ambulance called: Yes**\_\_\_\_ **No**\_\_\_\_

*PLEASE NOTE : At Terry Miller, Gore Meadows, Archdekin and Cassie, the Rec Centers must also make a report. Please inform them.*