



ATHLETIC ACCIDENT CLAIM FORM

SECTION 1 (please print)

Last Name of Claimant	First Name	Birth Date
Mailing Address		
City	Province	Postal Code
Home Phone ()	Business Phone ()	

SECTION II

Date of Accident _____, 20____ Hour _____ am/pm

Location of Accident _____

What is the injury? _____

Date of First Treatment _____

Name of Hospital taken to _____

Date of Admittance _____, 20____ Hour _____ am/pm

Date of Discharge _____, 20____ Attending Physician or Dentist _____

SECTION III Describe fully how the accident happened

SECTION IV (your sports accident policy is an excess accident benefits policy; proof of exhausting all other insurance must accompany your expenses)

Name of Employer _____

What medical coverage do you have through your/spouse/parent employment? _____

Name of the Insured Employer	Name of Insurer
Address of Employer	Address
City Prov. Postal Code	Policy No. Certificate

SECTION V

I hereby certify that all the information provided above is correct.

Claimant/Guardian Signature _____ Date _____

CERTIFICATION OF ASSOCIATION OR CLUB - Do not complete this section yourself; have your Club or League President, Coach or Manager complete this section.

Name of Team _____

League or Association _____ Type of Sport _____

Was above player a registered member at time of injury? Yes/No _____

Was player injured while taking part in an authorized activity? Yes/No _____

Name _____ Position with Club _____

Signature _____ Telephone _____

Send completed form along with any invoices for expenses you had to pay yourself to your Provincial Sport Organization, 200 Main Street, Winnipeg, MB R3C 4M2. It is the responsibility of the Provincial Sport Organization to file the claim with Sport Manitoba. If you do not have any expenses at this time, please forward the forms only. Receipts for expenses can be forwarded directly to Sport Manitoba. Any inquiries can be directed to Sport Manitoba at 925-5604.

EXECUTIVE DIRECTOR OF PROVINCIAL SPORT ORGANIZATION	
Name _____	Signature _____
Address: _____	Phone _____
CERTIFICATION OF SPORT ELIGIBILITY – SPORT MANITOBA	
Signature _____	