



ATHLETIC ACCIDENT CLAIM FORM

SECTION 1 (please print)

Last Name of Claimant _____ First Name _____ Birth Date _____

Parent or Guardian (if minor) _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Home Phone () _____ Business Phone () _____

SECTION II

Date of Accident (must be completed) _____, 20____ Location of Accident _____

What is the injury? _____

Date of First Treatment _____ *(Note: A Physician's referral must be included with receipts for services provided by a physiotherapist, athletic therapist, chiropractor, massage therapist or osteopath).*

Name of Hospital taken to (if applicable) _____ Date of Admittance _____, 20____

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

SECTION III Describe fully how the accident happened

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

Are you covered for any of these expenses under any other medical plan? (If no, please give an explanation). If yes, you must submit a claim to that plan first.

Name Employer (if applicable) _____ Name of Insurer (i.e. Blue Cross/Sun Life/Great West Life) _____

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 _____

EXECUTIVE DIRECTOR OF PROVINCIAL SPORT ORGANIZATION

Name _____ Signature _____

Address: _____ Phone _____

CERTIFICATION OF SPORT ELIGIBILITY – SPORT MANITOBA

Signature _____

Send completed form along with any invoices for expenses you had to pay yourself to your Provincial Sport Organization (i.e. Football Manitoba, Softball Manitoba), 145 Pacific Avenue, Winnipeg, MB R3B 2Z6. 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.