



# OVA Accident Report Form

Complete this form whenever a volleyball accident/incident occurs which requires medical attention for an athlete, coach, official, volunteer or spectator and forward to the office of the Ontario Volleyball Association. This is not a claim form, this form must be filled prior to a medical/dental claim being issued

## Injured Participant Information

Full Name:

Address:

Province:

Postal Code:

Date of birth (M/D/Y):

Male

Female

Other

## Club Information

Club/Team Name:

Club/Team Contact Name:

Club/Team Contact Email Address:

Club/Team Contact Phone Number:

## Incident Information (check all that apply):

Practice

Game

Club Sanctioned Activity

OVA Sanctioned Activity

Indoor

Outdoor

Describe Activity:

Location Name:

Location Address:

Playing Surface:

Weather Conditions:

Describe Incident:

Type of Injury:

Was treatment provided on site?

Yes

No

If yes, please provide the name and title of those who provided treatment:

Was outside medical/dental attention obtained?

Yes

No

If yes, please provide the name and title of those who provided treatment:

Was outside medical/dental follow up advised?

Yes

No

If yes, what type of medical/dental care was advised?

**Submitted by:**

Name:

Address:

City:

Province:

Postal Code:

Country: