



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

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|---|--|
| Date of Accident (must be completed) _____, 20____ | Location of Accident |
| What is the injury? | |
| Date of First Treatment | <i>(Note: A Physician's referral must be included with receipts for services provided by a physiotherapist, athletic therapist, chiropractor, massage therapist or osteopath).</i> |
| 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

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.

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

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|---|--------------------|
| 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 _____