



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 _____	<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, Manitoba Soccer Association), 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.

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 _____
