RUGBY CANADA WITNESS REPORT

Name of Witness: _____ Birthdate: ____/____/____ (Mo. / Day / Yr.) Sex: (M) ☐ (F) ☐

Address: _____ City/ Town: _____

Province: _____ Postal Code: _____ Parent / Guardian: _____

Phone Number: (____)_____ Fax Number: (____)_____ Email Address: _____

*** IMPORTANT* FORMS MUST BE COMPLETED TO THE BEST CAPABILITY OF THE WITNESS.**
A Witness is an individual who, being present, personally sees an incident / event occur.
This form must be completed for each case where a player, spectator or any other person at a sanctioned rugby activity, sustains an injury.

WHO WAS INJURED? ☐ Player ☐ Official ☐ Judge ☐ Vendor ☐ Spectator ☐ Other: _____

Name: _____ Team: _____

Club: _____ Union: _____

BODY PART INJURED:

Head	Back	Trunk	Arm ☐Left ☐Right	Pelvis	Leg ☐Left ☐Right
☐ Eye Area ☐ Face	☐ Neck	☐ Ribs	☐ Shoulder ☐ Hand/Finger	☐ Hip	☐ Thigh ☐ Foot
☐ Throat ☐ Dental	☐ Upper	☐ Chest	☐ Upper Arm ☐ Forearm/Wrist	☐ Groin	☐ Knee ☐ Toe
☐ Ear	☐ Lower	☐ Abdomen	☐ Elbow ☐ Collarbone		☐ Shin ☐ Other

ON-SITE CARE: ☐ On-Site Care Only ☐ Refused Care **SENT TO HOSPITAL BY:** ☐ Ground Ambulance ☐ Air Ambulance ☐ Car

WHERE INCIDENT OCCURRED: ☐ Pitch ☐ Locker Room ☐ Stands ☐ Concession Area ☐ Parking Lot ☐ **City Name:** _____

☐ **Exhibition / Regular Season** ☐ **Playoffs / Tournament** ☐ **Practice** ☐ **Try-Outs** ☐ **Other**

☐ Warm-Up ☐ 1st Half ☐ 2nd Half ☐ Injury Time _____

Pacific Time / Mountain Time / Central Time / Eastern Time / Newfoundland Time / Labrador Time

Was this a sanctioned Rugby Canada activity? ☐ **Yes** ☐ **No**

DESCRIBE HOW ACCIDENT HAPPENED:
(Attach page if necessary)

Signed: _____ Date: _____
(Parent/Guardian if under 18 years of age)