



**ONTARIO
BASKETBALL**

Submit by Email

SPORT INJURY REPORT FORM

Print Form

SUBMIT COMPLETED FORM TO:
Ontario Basketball
3 Concorde Gate, Suite 311
Toronto, ON M3C 3N7
Fax: (416) 426-7360

This form should be completed by a club official at the time of an accident, injury or other incident during a club sponsored, organized and/or supervised activity.

SECTION A: PERSON INJURED

☐ **PLAYER** ☐ **OTHER**

First Name: Last Name: Date of Injury:

Address: City: Prov: PC: Phone #:

FORM COMPLETED BY: Name:

E-mail: Contact #:

WITNESS NAME: **WITNESS PHONE NUMBER:**

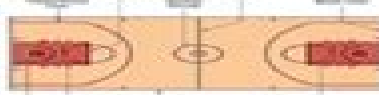
EVENT: ☐ Exhibition ☐ League ☐ Ontario Cup ☐ Elite Development ☐ Sanctioned Tournament ☐ NCCP ☐ Clinic

Location of the Event: Time of Injury: ☐ AM ☐ PM

AGE CATEGORY: ☐ Novice U10 ☐ Atom U11 ☐ Major Atom U12 ☐ Bantam U13 ☐ Major Bantam U14
☐ Midget U15 ☐ Major Midget U16 ☐ Juvenile U17 ☐ Junior U19

POSITION OF ATHLETE ON COURT AT TIME OF INJURY:

Please specify in the box provided the position of the athlete at the time of the injury.



TYPE OF ACTIVITY:

☐ Practice ☐ Recreation ☐ Training ☐ Game

INJURY OCCURRED DURING:

☐ Regular Season ☐ Pre-season ☐ Post-season

GAME QUARTER:

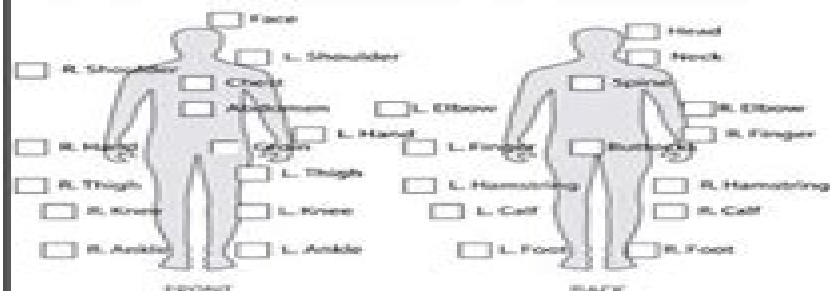
☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ Overtime

PLEASE COMPLETE SECTION 'A' ABOVE IN FULL AND AS MUCH OF SECTION 'B' BELOW AS POSSIBLE

SECTION B: DETAILS OF INJURY

Height (cm): Weight (kg.):

Please click on the button(s) located over the injury site(s).



FRONT

BACK

Please describe injury

CAUSE OF INJURY: Please indicate in the box below the cause of injury, or activity/ skill involved that caused injury. For example, was the injury caused by contact with another player (same team/opponent) or independent of contact (i.e. tripping, rolling ankle while running, slipping on water):

INJURED PARTY: ☐ Male ☐ Female

YEAR OF BIRTH: (Injured party)

INJURY CLASSIFICATION:

☐ Acute Injury ☐ New Injury ☐ Chronic Injury ☐ Re-injury
☐ Recurrent Injury Non-Sport ☐ Complication of Prior Injury

INJURY TYPE: ☐ Contact ☐ Non-contact

NATURE OF INJURY:

☐ Sprain / Strain ☐ Dislocation ☐ Skin Injury ☐ Fracture
☐ Other, please specify

SYMPTOMS:

☐ Pain ☐ Loss of Feeling ☐ Shortness of Breath
☐ Dizziness ☐ Loss of Consciousness/Fainting*

* All loss of consciousness or fainting requires IMMEDIATE medical follow up - CALL 911

☐ Other, please specify

INITIAL TREATMENT: ☐ RICE (Rest, Immobilize, Cold, Elevate)

☐ CPR ☐ Sling/Splint ☐ Wrapping/Taping ☐ Manual Therapy
☐ Dressing ☐ Stretch/Exercises ☐ None Given - referred elsewhere

CARE: ☐ EMS Care ☐ Self Transport ☐ On-site Only

☐ Refused Care ☐ Hospital care ☐ Other, please specify

ANTICIPATED INJURY TIME LOSS:

☐ 0 ☐ 1 - 2 Days ☐ 3 - 5 Days ☐ 7 - 9 days
☐ 10 - 21 days ☐ 22+ days ☐ Out for the season

Signature: **Date of Injury:** **Current Date:**

Please type in full name if using online form

All information collected on this form of a personal nature is strictly confidential and will not be disclosed to a third party.

Please return completed form to Ontario Basketball, 3 Concorde Gate, Suite 311, Toronto, ON M3C 3N7 or fax to (416) 426-7360

Sports Injury Report Form Template

Rachel S Tattersall

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the author's name.

Sports Injury Report Form Template:

Embracing the Tune of Expression: An Mental Symphony within **Sports Injury Report Form Template**

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Table of Contents Sports Injury Report Form Template

1. Understanding the eBook Sports Injury Report Form Template
 - The Rise of Digital Reading Sports Injury Report Form Template
 - Advantages of eBooks Over Traditional Books
2. Identifying Sports Injury Report Form Template
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Sports Injury Report Form Template
 - User-Friendly Interface
4. Exploring eBook Recommendations from Sports Injury Report Form Template

- Personalized Recommendations
- Sports Injury Report Form Template User Reviews and Ratings
- Sports Injury Report Form Template and Bestseller Lists
- 5. Accessing Sports Injury Report Form Template Free and Paid eBooks
 - Sports Injury Report Form Template Public Domain eBooks
 - Sports Injury Report Form Template eBook Subscription Services
 - Sports Injury Report Form Template Budget-Friendly Options
- 6. Navigating Sports Injury Report Form Template eBook Formats
 - ePub, PDF, MOBI, and More
 - Sports Injury Report Form Template Compatibility with Devices
 - Sports Injury Report Form Template Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Sports Injury Report Form Template
 - Highlighting and Note-Taking Sports Injury Report Form Template
 - Interactive Elements Sports Injury Report Form Template
- 8. Staying Engaged with Sports Injury Report Form Template
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Sports Injury Report Form Template
- 9. Balancing eBooks and Physical Books Sports Injury Report Form Template
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Sports Injury Report Form Template
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Sports Injury Report Form Template
 - Setting Reading Goals Sports Injury Report Form Template
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Sports Injury Report Form Template

- Fact-Checking eBook Content of Sports Injury Report Form Template
- Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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