



Sepak Takraw Saskatchewan Inc. (STAS)

"Get Active, Get Your Kicks!"

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ILLNESS & INJURY/ACCIDENT REPORT FORM

SECTION 1 – DETAILS OF ILL OR INJURED PERSON (to be completed by the injured person where possible)

Given Name: _____ Family Name: _____

Home Address: _____ City/Town: _____ Province: _____

Postal Code: _____ Home Phone: _____ Work Phone: _____ Age: _____

Please Circle: Male / Female STAS Individual Member Athlete Volunteer Spectator Other _____

SECTION 2 – DETAILS OF ILLNESS OR SPORTS INJURY (to be completed by team or event person responsible)

Date of Incident: _____ Time of Incident: _____

Name of Venue: _____ Location (town/city): _____

Reported to: _____ Date and Time Reported: _____

Nature of Illness/Injury (i.e. vomiting, diarrhoea, cramps, sprain, bruise, cut): _____

Area of Discomfort/Pain or Part of Body Injured: _____

Give a Full Account of the Incident: _____

Names and Addresses of Witnesses (where appropriate): _____

Detail any equipment, tools, objects, substances, etc. which were involved: _____

Detail any known defects or inherent risks: _____

Who has been contacted? Organizing Group Doctor Hospital Police Parent Host Family

Ambulance Requested: Yes Date/Time requested: _____ Date/Time Arrived: _____

Signature of Reporting Person: _____ Full Name (print): _____

Job Title: _____ Phone: _____ Date: _____