

Castleknock Hurling & Football Club

Cumann Báire agus Peile Chaisleán Cnucha



Injury Claim Notification

CLAIMANT DETAILS

Player name:
GAA Membership number if known:
Team:
Date of Birth:
Address:
Email address:
Telephone number:
Occupation:
Employment Status: Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/>
Medical Insurance Type: None <input type="checkbox"/> Aviva <input type="checkbox"/> Laya <input type="checkbox"/> VHI <input type="checkbox"/> Other: <input type="checkbox"/>
Medical Insurance Plan Name:

INCIDENT DETAILS

Incident Date:
Incident Occurred During: Football <input type="checkbox"/> Training injury <input type="checkbox"/> Challenge match <input type="checkbox"/>
Hurling <input type="checkbox"/> Official match <input type="checkbox"/> Designated Duties <input type="checkbox"/>
Opposition team (if relevant)
Describe Circumstances:
Injury Type (part of body injured):
Injury Sub-type (type of injury sustained):
Hurling Injury – CE Helmet Worn - Yes or No
CE Helmet Modified - Yes or No
Football Injury – Mouthguard Worn - Yes or No

NATURE OF POSSIBLE CLAIM

Loss of Wages:	Yes or No
Medical Expenses:	Yes or No
Dental Expenses:	Yes or No
Supplementary Hospital Benefit:	Yes or No

Please complete and return to playerinjuries@castleknock.net Tel: 087 2850878