

Cumann Peil Gael na mBan

The Ladies Gaelic Football Association



PRELIMINARY CLAIM FORM

All notifications must be received by the LGFA Injury Fund within 8 weeks of the date of injury

ALL TERMS AND CONDITIONS OF THE LGFA INJURY FUND MUST BE ADHERED TO IN ORDER FOR EXPENSES TO BE REIMBURSED. IT IS THE INJURED PARTY'S RESPONSIBILITY TO ENSURE THEY HAVE REVIEWED AND ADHERED TO THE TERMS OF THE LGFA INJURY FUND.

Name of injured party:

Club:

Address:

Player registration number

Telephone Number:

Date of Birth:

Email Address:

Claimants Playing Level at the time of injury

Adult Juvenile

Employment Status *(Please tick as appropriate)*

Student Employed Self Employed Unemployed

Private Medical Insurance: Yes No Medical Card No:

VHI: HSF:

LAYA: Employer Medical Aid Scheme:

Irish life: Schools 24/7 Personal Accident Policy:

Other Insurance: *(Please Specify)*

Date of Injury: Nature of Injury (Example Head/Leg/Chest)

Brief Details of how injury occurred:

Injury occurred at the following:

Club: Training:

County: Official Match:

Signature of Injured Party:

Date:

Signature of Parent/Guardian of Under 18 player:

Date:

Signature of Club Secretary:

Date:

Signature of County Secretary:

Date:

Full TERMS AND CONDITIONS ARE AVAILABLE ONLINE AT LADIESGAELIC.COM/RESOURCES/INJURYFUND AND SHOULD BE REVIEWED BEFORE PROCEEDING WITH ANY TREATMENT YOU WISH TO HAVE REIMBURSED BY THE FUND.