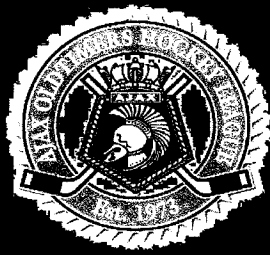


# AJAX OLDTIMERS HOCKEY LEAGUE INJURY REPORT



<b>DIVISION</b>	<b>Game time</b>	4:00			
Kerr		5:00			
		6:00			
Clute		7:00			
		8:00			
		9:00			
		10:00			

Note: Report serious injuries immediately to the AOHL

The Ajax Oldtimers Hockey League is dedicated to provide Old Timers Hockey to the citizens of Ajax in an atmosphere of friendly competition

**INJURED: (Player) (Referee) (Spectator) (Other):** \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/Town: \_\_\_\_\_ P.C. \_\_\_\_\_

Team Name: \_\_\_\_\_ Arena: \_\_\_\_\_

<b>INJURY:</b>	<b>DISPOSITION</b>
Date Occurred: _____	On-Site Care Only
Injured Body Part: _____	Hospital by: <input type="checkbox"/> Ambulance
Condition: _____	<input type="checkbox"/> Car
(Laceration, concussion, fracture, sprain etc.)	Name: _____
	Refused Care

OCCASION	LOCATION	ACTIVITY
<input type="checkbox"/> At Game	<input type="checkbox"/> On Ice	<input type="checkbox"/> Attacking with puck
<input type="checkbox"/> (to) (from) Game	<input type="checkbox"/> Defensive __ Neutral	<input type="checkbox"/> Attacking without puck
<input type="checkbox"/> Warm-up	<input type="checkbox"/> Offensive __ Goal Crease	<input type="checkbox"/> Defending
<input type="checkbox"/> Between Periods	<input type="checkbox"/> Bench	<input type="checkbox"/> Passing
<input type="checkbox"/> After Game	<input type="checkbox"/> Player Penalty	<input type="checkbox"/> Shooting
<input type="checkbox"/> Other	<input type="checkbox"/> Locker Room	<input type="checkbox"/> Clearing Puck
	<input type="checkbox"/> Spectator Seating	<input type="checkbox"/> Freezing Puck
	<input type="checkbox"/> Steps	<input type="checkbox"/> Fighting
Game Officials:	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Spectator
	<input type="checkbox"/> Other	<input type="checkbox"/> Other

SOURCE OF INJURY	POSITION	Penalty
<input type="checkbox"/> Hit by puck	<input type="checkbox"/> Non-Contact Injury	Was a penalty called
<input type="checkbox"/> Cut by Skate	<input type="checkbox"/> Other	<input type="checkbox"/> Yes
<input type="checkbox"/> Collided with:	<input type="checkbox"/> Check from behind	<input type="checkbox"/> No
<input type="checkbox"/> Net __ Opponent __ Boards	<input type="checkbox"/> Struck by opponent	Penalty was called on
<input type="checkbox"/> Team mate	<input type="checkbox"/> Tripped by opponent	<input type="checkbox"/> Opponent
<input type="checkbox"/> Clean check	<input type="checkbox"/> High Sticking	<input type="checkbox"/> Injured Player
	<input type="checkbox"/> Speared	
	<input type="checkbox"/> Slashed	

<b>Briefly Describe How Accident Occurred:</b>	<b>Estimated Absence From Hockey</b>
_____	<input type="checkbox"/> Less then a week
_____	<input type="checkbox"/> One to Three weeks
_____	<input type="checkbox"/> More than Three weeks
_____	
Reported by: _____	Over for witness information