



Ballyboden St Endas GAA Club Juvenile Committee



PRELIMINARY NOTIFICATION FORM

To be submitted to Juvenile Committee's Medical Claims Officer
at the earliest opportunity after the injury has been sustained.

Enda McMorrow | 086 024 3072 || EndaC.McMorrow@gmail.com

Please complete this form in BLOCK CAPITALS

Name of Claimant/Injured Person:

.....

Full Address of Claimant:

.....

.....

Date of Birth: / /

.....

Tel:

.....

Email address of parent/guardian:

Name and Type of Team (e.g. under 10/hurling):

.....

Membership Number:

.....

Name of Opposition:

.....

Incident occurred during (please tick):

Official Match

☐

Challenge Match

☐

Training

☐

Date of Injury: / /

Nature of Possible Claim (please tick as appropriate):

Loss of Earnings: ☐

Permanent Disability ☐

Medical Expenses ☐

Hospitalisation ☐

Dental Expenses ☐

Medical Insurance ☐ Y ☐ N

Insurance Details
(provider/plan number etc)

.....

.....

Nature and Circumstances of Injury:

.....

.....

.....

Team Manager Name:

Contact Number:

Team Manager Signature:

.....

Date: / /