



# 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.

**Declan O'Rourke ■ Tel: 087 747 3632 ■ Email: declanorourke1966@gmail.com**

**Please complete this form in BLOCK CAPITALS**

<p><b>Name of Claimant/Injured Person:</b></p> <p>.....</p> <p><b>Full Address of Claimant:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>Date of Birth:</b>     /     /</p> <p>.....</p> <p><b>Tel:</b></p> <p>.....</p> <p><b>Email address of parent/guardian:</b></p> <p>.....</p>	<p><b>Name and Type of Team</b> (e.g. under 10/hurling):</p> <p>.....</p> <p><b>Membership Number:</b></p> <p>.....</p> <p><b>Name of Opposition:</b></p> <p>.....</p> <p><b>Incident occurred during</b> (please tick):</p> <p><b>Official Match</b> <input type="checkbox"/></p> <p><b>Challenge Match</b> <input type="checkbox"/></p> <p><b>Training</b> <input type="checkbox"/></p> <p><b>Date of Injury:</b>     /     /</p>
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**Nature of Possible Claim** (please tick as appropriate):

<b>Loss of Earnings:</b> <input type="checkbox"/>	<b>Permanent Disability</b> <input type="checkbox"/>	<b>Medical Expenses</b> <input type="checkbox"/>
<b>Hospitalisation</b> <input type="checkbox"/>	<b>Dental Expenses</b> <input type="checkbox"/>	<b>Medical Insurance</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>N</b>

**Insurance Details** .....

(provider/plan number etc)

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**Nature and Circumstances of Injury:**

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<b>Team Manager Name:</b>	<b>Contact Number:</b>
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>
<b>Team Manager Signature:</b> .....	
<b>Date:</b> /     /	