

**NOTE:** Report serious injuries immediately to the OMHA Office

Ontario Minor  
Hockey Association  
**CASE REPORT**



This form is to be completed in all cases where an injury is sustained by a player, participant or any other person in an OMHA activity

<p><b>DIVISION</b></p> <input type="checkbox"/> Novice <input type="checkbox"/> Minor <input type="checkbox"/> Atom <input type="checkbox"/> Minor <input type="checkbox"/> Pee Wee <input type="checkbox"/> Minor <input type="checkbox"/> Bantam <input type="checkbox"/> Minor <input type="checkbox"/> Midget <input type="checkbox"/> Minor <input type="checkbox"/> Juvenile <input type="checkbox"/> Minor <input type="checkbox"/> Other: _____	<p><b>CATEGORY</b></p> <input type="checkbox"/> AA <input type="checkbox"/> AAA <input type="checkbox"/> House League <input type="checkbox"/> BB <input type="checkbox"/> A <input type="checkbox"/> Local League <input type="checkbox"/> CC <input type="checkbox"/> B <input type="checkbox"/> Select <input type="checkbox"/> DD <input type="checkbox"/> C <input type="checkbox"/> Additional <input type="checkbox"/> D Entry <input type="checkbox"/> E	<p><b>TYPE OF GAME</b></p> <input type="checkbox"/> League <input type="checkbox"/> Exhibition <input type="checkbox"/> Playdown <input type="checkbox"/> Tournament
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Is Body Contact/Checking Allowed In House/Local League?  Yes  No

**INJURED: (Player) (Referee) (Spectator) (Other: \_\_\_\_\_)**  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: (M) (F)  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Team Name: \_\_\_\_\_ Centre: \_\_\_\_\_

<b>INJURY:</b>	<b>SIDE</b>	<b>TIME</b>	<b>DISPOSITION</b>
Date Occurred: _____	<input type="checkbox"/> Left	<input type="checkbox"/> Morning	<input type="checkbox"/> On-Site Care Only
Injured Body Part: _____	<input type="checkbox"/> Right	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Hospital by: <input type="checkbox"/> Ambulance
Condition: _____ (Laceration, concussion, fracture, sprain etc.)	<input type="checkbox"/> Both	<input type="checkbox"/> Evening	<input type="checkbox"/> Car
	<input type="checkbox"/> N/A	<input type="checkbox"/> After Hours	Name: _____
			<input type="checkbox"/> Refused Care

<b>OCCASION</b>	<b>LOCATION</b>	<b>ACTIVITY</b>
<input type="checkbox"/> Home <input type="checkbox"/> Away <input type="checkbox"/> (To) (From) Game <input type="checkbox"/> Warm-up (Before Game) <input type="checkbox"/> During Game (____ Period) <input type="checkbox"/> Between Periods <input type="checkbox"/> After Game <input type="checkbox"/> During Practice _____ early _____ mid _____ late <input type="checkbox"/> Practice Game <input type="checkbox"/> Other: _____	<input type="checkbox"/> On Ice _____ Defensive _____ Neutral _____ Offensive _____ Goal Crease <input type="checkbox"/> Bench _____ Player _____ Penalty <input type="checkbox"/> Locker Room <input type="checkbox"/> Spectator Seating _____ Corner _____ End _____ Side <input type="checkbox"/> Steps <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other: _____	<input type="checkbox"/> Attacking (with) (without) Puck <input type="checkbox"/> Defending <input type="checkbox"/> Passing <input type="checkbox"/> Shooting <input type="checkbox"/> Clearing Puck <input type="checkbox"/> Freezing Puck <input type="checkbox"/> Fighting <input type="checkbox"/> Spectator <input type="checkbox"/> Other: _____

<b>SOURCE OF INJURY</b>	<b>POSITION</b>	<b>PENALTY</b>
<input type="checkbox"/> Hit by Puck <input type="checkbox"/> Cut by Skate <input type="checkbox"/> Collided with: ____ Net ____ Opponent ____ Boards ____ Team mate <input type="checkbox"/> Clean Check ____ Body ____ Into Boards	<input type="checkbox"/> Forward <input type="checkbox"/> Defense <input type="checkbox"/> Goal	Was a penalty called? <input type="checkbox"/> Yes <input type="checkbox"/> No Penalty was called on: <input type="checkbox"/> Opponent <input type="checkbox"/> Injured Player
<input type="checkbox"/> Non-Contact Injury <input type="checkbox"/> Other <input type="checkbox"/> Checked from behind <input type="checkbox"/> Struck by opponent <input type="checkbox"/> Tripped by opponent <input type="checkbox"/> High Sticking <input type="checkbox"/> Speared <input type="checkbox"/> Slashed		

<b>BRIEFLY DESCRIBE HOW ACCIDENT OCCURRED:</b>	<b>ESTIMATED ABSENCE FROM HOCKEY</b>
(over for witness information)	<input type="checkbox"/> Less Than One (1) Week <input type="checkbox"/> One (1) to Three (3) Weeks <input type="checkbox"/> More Than Three (3) Weeks
	Trainer Name: _____ OMHA Cert.#: _____ Level: _____

Did the Hockey Trainer Certification Program assist you in your management of the injury situation?  Yes  No

Trainer Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE COMPLETE AND RETURN TO OMHA, 25 BRODIE DR., UNIT 3, RICHMOND HILL, ON L4B 3K7 – Fax: (905) 780-0344

**WITNESSES**

NAME

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal

\_\_\_\_\_ Postal

\_\_\_\_\_

DAY PHONE

\_\_\_\_\_

EVENING PHONE

\_\_\_\_\_

E-MAIL ADDRESS

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS:**

**COMPLETE ALL INFORMATION AND RETURN TO:**

**Ontario Minor Hockey Association**

25 Brodie Road, Unit 3

Richmond Hill, Ontario

L4B 3K7

Fax: (905) 780-0344