



#730-800 WEST PENDER STREET  
 VANCOUVER, BC V6C 2V6  
 TEL.: (604)685-0050  
 Toll free 1 800 993 6388  
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**NOTIFICATION OF CLAIM  
 ATHLETICS GROUP DEPARTMENT**

Full Name of Insured Person \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth D/M/Y \_\_\_\_\_

If a Minor, give Full Name of Parent or Guardian (Relationship) \_\_\_\_\_

Name of Team or League For Which You Were Playing \_\_\_\_\_ Sport \_\_\_\_\_

Date of Injury \_\_\_\_\_ Date First Treated By Dentist (If applicable) \_\_\_\_\_

Explain, in Detail, How the Accident Occurred?  
 \_\_\_\_\_  
 \_\_\_\_\_

Was It During a Practice Period of Playing a League Game? \_\_\_\_\_ Where Game or Practice was Taking Place \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Name of Dentist or Doctor \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

What Other Hospital, Medical or Dental Insurance Do You Have?  
 \_\_\_\_\_

Signature of Insured or Guardian \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**CERTIFICATE OF TEAM MANAGER OR CLUB EXECUTIVE**

Name of Team/League/Association \_\_\_\_\_ Policy Number or Certificate Number \_\_\_\_\_

What Sport is Team Engaged In? \_\_\_\_\_ Was He/She Injured While Playing in a League Game or in a Practice? \_\_\_\_\_

Was the Above Player a Member At The Time of Injury? \_\_\_\_\_ On What Date Did He/She Join the Team? \_\_\_\_\_

Signed \_\_\_\_\_ State Position in Club \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_