



## NOTIFICATION OF INJURY

In accordance with §NW10300, this form is to be completed and faxed to the district office at (203) 758-9122 within seventy-two hours of an injury requiring a minimum of first aid attention, sustained by any member during sanctioned activities.

This insurance carries a \$100 deductible and is supplementary to your primary insurance. If you have primary insurance, you must submit all claims to that carrier before submitting claims to this district for CJSA coverage. After all payments have been made, you may request a claim form (provided this form has been completed) from the district to start a supplemental claim file. You may contact your club president for additional information or to inspect the actual policy.

Player     Coach/Volunteer

Name of Injured Party:	Date of Birth: (mm/dd/yyyy)	Telephone Number: (     )
Street Address:	City, State, Zip Code:	
Date of Accident: (mm/dd/yyyy)	Location of Accident:	
Description of Accidental Event:		
Description of Injury:		
Is CJSA Your Primary Insurance Carrier?  <input type="checkbox"/> No <input type="checkbox"/> Yes	If "No", who is your primary insurance carrier?	

**Registration Affirmation:**

As club president or indoor facility owner/manager, I hereby certify that on the date of the accident listed above, the abovenamed player/participant was registered with the club or facility named below. I hereby realize that proof of such registration may be subsequently required.

Name of Club President / Facility Manager:	Telephone Number: (     )	Name of Club / Facility:
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Signature of Club President / Facility Manager:  <b>X</b>	Signature of District Vice-President:  <b>X</b>
Date Signed:	Date Signed: