

HOCKEY CANADA INSURANCE PROGRAM

ALSO AVAILABLE AT WWW.HOCKEYCANADA.CA/INSURANCE

This insurance coverage is part of a Trust Agreement. The extent of this Trust Agreement cannot be accurately reflected in a booklet the size of “Safety Requires Teamwork”.

Therefore, this section contains a general description of the Hockey Canada Insurance Program and its features. If there is a discrepancy between this section and the master policy, then the terms and provisions of the master policies shall take precedence. If you wish to view the policy documents, you are entitled to do so and may visit any Branch of Hockey Canada at reasonable times for this purpose.

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NEGLIGENCE; THE REALITY OF LITIGATION

Everyone realizes that accidents sometimes happen. A little thought will lead to an equally clear conclusion – sometimes an accident could have been avoided by exercising more care. Sometimes “accidents” which lead to injuries were caused by negligence.

Negligence is a legal concept of fault or blameworthiness which, stripped of complicated terminology to its essential components, means that someone failed to do something he or she should have done, or did something that he or she should not have done. The standard of conduct the law expects is that of the reasonable person, having regard to all the factual circumstances of the case.

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Where an injured person (the Plaintiff) believes that his or her injuries were caused by the negligence of someone else, he or she has the right to commence a lawsuit claiming an amount of money (damages) from the allegedly negligent person (the Defendant). Damages may be claimed for losses of two types: monetary losses, such as medical expenses, loss of wages, and the costs of care; and non-monetary losses for pain and suffering and loss of enjoyment of life.

In our legal system, the issues raised in lawsuits by the Plaintiff and the Defendant are decided after a trial by a trial judge or judge and jury. The Plaintiff has an onus of proving both the negligence of the Defendant and the amount of the damages he or she claims on a “balance of probabilities”. This means that the Plaintiff must show, through evidence, that it is more likely than not that the Defendant failed to do what was reasonable in all the circumstances of the case, and that the Defendant’s unreasonable conduct caused the Plaintiff to suffer harm of some kind.

The amount of damages which a court might award to an injured Plaintiff will vary depending on the severity of the injuries suffered. A very serious, permanent injury which was caused by negligence may legitimately lead to significant damage awards. Even relatively minor injuries, from which the Plaintiff makes a full recovery, may justify an award of thousands of dollars in damages. Damages are not, in the great majority of cases, intended to fine or punish the Defendant. They are only to compensate the Plaintiff.

The litigation process may be slow moving. Cases often take several years or even longer to reach trial. It frequently appears inefficient or cumbersome to those involved in lawsuits. Any lawsuit will cause the parties on both sides a certain amount of anxiety, inconvenience and expense. Involvement in a lawsuit is seldom an experience that is enjoyed by anyone, whether Plaintiff or Defendant.

There are risks of injury in almost every activity. Hockey is a vigorous, physical game played at high speeds, which carries with it obvious inherent risks, both to participants and to spectators. The courts recognize that the standards of reasonable conduct applicable to hockey players during

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practices and games are not the same standards which apply on the streets or at social gatherings. However, hockey players are not immune from potential liability for negligence. Deliberate cheap shots and fighting which result in injury to other players may well lead to legal liability. Where it results in physical injuries to another person, unnecessary roughhousing, showing off or fooling around which isn't part of the game might also be criticized by the courts, whether it occurs on the ice, on the bench or in the dressing room. Coaches and others who encourage or condone such actions might also be held responsible for any injury that results. All participants should attempt at all times to ensure that hockey is played cleanly and fairly, that dangerous activities which are not part of the game are avoided, and that everyone treats others with the same care, consideration and respect he or she hopes to receive in return. The reason isn't only to avoid potential lawsuits. Remember, no amount of money, no matter how large, can restore the physical health, remove the scars, or erase the pain of an injured person.

PURPOSE OF THE INSURANCE PROGRAM

The Insurance Program must ensure that adequate financial resources are in place to compensate those who are injured or who have suffered a financial loss as the result of their involvement in hockey. It involves good financial management, so that funds are in place to meet claims obligations when they fall due. It also includes establishing control mechanisms so that only genuine claims are reimbursed.

Insurance is one important method of handling claims, but only when it is practical, possible and cost-effective. Ironically, insurance is not available to cover many hockey-related risk exposures, as many times the desired coverage is simply unaffordable.

Hockey Canada has constructed a National Insurance Program to provide financial resources to help deal with the cost of risks which confront organized hockey.

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Hockey is managed primarily by extremely dedicated volunteers. The real purpose of this section is to provide guidance when decisions are being made which may affect the degree of risk assumed by a League or Team.

Every effort has been made to make this section as helpful and comprehensive as possible. If any doubt remains about a specific situation, please consult your Branch or the Hockey Canada National Office.

ARE YOU COVERED?

Hockey Canada and each of the Branches of which Hockey Canada is comprised is specifically named as an insured, and all sub-associations, leagues and teams which form a part of Hockey Canada. It includes any officer, director, employee, coach, volunteer worker, instructor, referee, or member of a Committee **while acting within the scope of his or her duties**. It includes members of any teams, leagues, Branch teams, division teams, national teams or international teams provided all are registered with or affiliated with Hockey Canada. It includes any sponsor of any team or Hockey Canada, but only with respect to his, her or their liability as such; and it includes any owner of any insured team.

Note: A volunteer is a non-paid person donating his or her time and who is assigned specific duties and for whom a premium has been paid.

When are you covered?

1. Hockey Canada/Branch sanctioned events (league games, tournaments, practices, training camps, sanctioned fundraisers) when playing member teams only!
2. Transportation directly to and from the arena or venue.
3. Accommodations while billeted or at a hotel during a Hockey Canada/Branch sanctioned hockey activity.

FEATURES OF THE INSURANCE PROGRAM

Types of coverage

Comprehensive General Liability

The liability coverage is designed to cover Hockey Canada members for their on and off-ice activities while participating in Hockey Canada sanctioned hockey events.

This coverage responds on behalf of an individual who has paid a premium or had a premium paid on their behalf, and who is named as a defendant in a lawsuit alleging that, that individual was negligent doing whatever it was they were alleged to have done or did not do what they should have done and thereby contributed to the personal injury the claimant incurred.

The Hockey Canada Liability Policy will provide up to \$20,000,000 of coverage with respect to a single liability occurrence, as dictated by the terms and conditions of the policy. Any additional costs that are over and above the \$20,000,000 limit must be borne by the named individuals and/or their respective homeowner's insurance, to the extent that may apply.

The policy is designed to cover most events your team would be involved in. For example, if a Minor Hockey Association were to rent a bus and driver to transport a team to a game or tournament sanctioned by the Branch, and if that vehicle was in an accident and a number of players suffered serious injuries and a lawsuit ensued, then the liability coverage placed on that vehicle by the owners, would respond to any claims which might arise, and should that coverage be insufficient to respond to all of the damages awarded, then the Hockey Canada coverage/policy would respond as the secondary carrier to the maximum allowable by the policy.

Liability Coverage

The Hockey Canada Liability Coverage is a General Liability Insurance Policy designed to respond on behalf of any of the registered participants in the game including players, coaches, managers, trainers, on and off-ice officials and volunteers.

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This Policy is a Personal Injury and Property Damage Policy.

Personal Injury - Example, a player receives a serious injury during a sanctioned game and as a result of that injury, a lawsuit arises. If you, as a coach, are named as one of the defendants in that lawsuit, alleging that you were negligent by “not doing something you should have done” or “doing something you should not have done”, then the Hockey Canada Liability Policy would respond on your behalf in defending you in that action from the first dollar.

Property Damage - Example, a team was in its dressing room prior to the start of the game, and while the coach was absent, a number of players started ‘horsing-around’ which resulted in damage being done to the walls of the dressing room. A claim was made by the facility owner for recovery of costs incurred to repair the damage. If the coach was named as being negligent for not properly supervising the players, then the Hockey Canada Off-ice Policy would defend his interests. It should be pointed out that in the property damage area of the Policy there is a \$5,000 deductible. In addition, it should be noted that there are exclusions within the Policy wherein the Policy would not respond on behalf of any individual where it is shown that the claim has arisen as a result of an intentional act by the defendant.

Accidental Death & Dismemberment (AD&D) - AD&D insurance covers very serious, permanent injuries that might occur while participating in a Hockey Canada/Branch sanctioned activity. This coverage is in addition to any other valid and collectable insurance policy.

Eligibility

Class 1 - All members of registered teams including coaches, trainers, safety people & assistants, referees, Hockey Canada personnel - (administrators, off-ice officials, & other Hockey Canada designated persons.)

Class 2 - All volunteer members of Hockey Canada.

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BENEFITS

When injury results in any one of the following losses within 365 days after the date of the accident, Hockey Canada will compensate:

For Loss of:

Life (as of September 1st 04)	\$ 25,000
Entire sight of both eyes	\$ 50,000
One hand and sight of one eye	\$ 45,000
Speech and hearing in both ears	\$ 45,000
Sight of one eye	\$ 35,000
Speech or hearing in both ears	\$ 30,000

For loss of, or loss of use of:

Both hands or both feet or both legs	\$ 45,000
One hand and one foot.	\$ 45,000
One arm or one leg	\$ 30,000
One hand or one foot	\$ 30,000

Critical Incidence Stress Counselling:

Off-ice maximum per incident per insured:	\$ 2,000
for all insureds:	\$ 10,000
On-ice maximum per incident:	\$ 25,000

For Paralysis of (effective September 1st 2004):

All four limbs (Quadriplegia)	\$ 1,000,000
Both Lower Limbs (Paraplegia)	\$ 1,000,000
One arm and leg on the same side of the body (Hemiplegia)	\$ 1,000,000

Not applicable to Class 2 members

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Hockey Canada Directors & Officers Liability Insurance Program (D&O):

Hockey Canada's D&O insurance program covers the directors and officers of all Minor Hockey Associations, Junior Teams, Branches, and Major Junior Hockey Teams and Leagues for their exposure to legal action arising from alleged wrongful acts, which they are believed to have committed while on the board of directors of one or more of these organizations.

When coverage applies, the policy will provide for defence against the action and if the case should go against the director or officer, will pay the amount of the indemnification.

In the event that a director or officer should receive an action against him/her the Branch Office must be advised immediately so that proper steps can be taken to investigate and defend the case.

Major Medical/Dental Coverage

This insurance augments Provincial, Medical and Hospital plans. It covers players, coaches, trainers/safety people referees and other designated volunteers against accidents which occur during participation in a Hockey Canada/Branch sanctioned activity.

This plan is designed to provide coverage for those who might otherwise not be covered by any other group health insurance plan. It can also serve as a supplement to other similar coverage an individual or family may hold, to achieve maximum allowable coverage. It is not applicable as an addition when another plan's coverage meets or exceeds the allowable amount.

Dental: This plan operates under the same guidelines as the Major Medical coverage.

Accidental Dental expense benefit

When accidental injury to whole or sound teeth shall, within 30 days, require treatment, the plan will pay for reasonable expenses actually incurred within 52 weeks after the date of the accident.

Maximum \$1,250 per tooth

Up to a \$2,500 maximum

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If, due to the age of the covered members, dental development is not sufficient to permit treatment within 52 weeks, a report from the dentist or dental surgeon is required within 90 days of the date of accident, stating pertinent facts as to the damage. On receipt of a satisfactory report, the incurred expenses will be paid, subject to a maximum future treatment limit of \$ 2,500. Capped or crowned teeth shall be deemed as whole or sound.

Accidental Medical Treatment Benefit

When by reason of injury, and within thirty days from the date of the accident, the Insured Person requires medical treatment or incurs expenses for any of the following services, while under the regular care and attendance of a legally qualified physician or surgeon who is not a member of the immediate family of the Insured Person with respect to items 1 to 7:

1. Private duty nursing by a licensed graduate nurse (R.N.) who does not ordinarily reside in the Insured Person's home or is not a member of his/her immediate family;
2. Ambulance transportation, when such service is provided by a Professional Ambulance Service of the nearest approved hospital which is equipped to provide the required and recommended necessary treatment, ambulance expenses will be reimbursed at 100%;
3. Hospital services for which benefits are not provided by any Federal or Provincial Government Hospital Insurance Plan administered by the Province or Territory in which the Insured person normally resides, whether paid or not;
4. Rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary;
5. Fees of a licensed physiotherapist, athletic therapist, chiropractor or osteopath recommended by a legally qualified physician or surgeon, will be re-imbursed up to \$500 in any one hockey season. No payments will be made to any team personnel who refer players to their clinic for treatment.
6. Drugs and medicines purchased by prescription made by a physician or surgeon.
7. Miscellaneous expenses such as hearing aids, crutches, splints, casts, trusses and braces, but excluding replacement there of.

Hockey Canada will pay the necessary expenses actually incurred, therefore, by or on behalf of an Insured Person within fifty-two weeks after the date of

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the accident, not to exceed the amount of \$5,000.00 as a result of any one accident. Any sublimits or co-insurance indicated above shall apply.

Hockey Canada shall not be liable for any expense incurred for treatment or services by a legally qualified physician or surgeon.

This policy is subject to and shall not contravene any Federal or Provincial statutory requirement with respect to hospital and/or medical plans, nor shall it duplicate any benefits which are provided under any Federal or Provincial Hospital or Medical Plans, or any other providing a reimbursement expense.

Prosthetic appliance benefit

Will pay all reasonable costs for the purchase of artificial legs, eyes, etc. necessitated by accidental injury.

Maximum \$1,000

Tuition expense benefit

In the event that an accident confines the covered member to his or her residence or hospital for a period in excess of 40 consecutive school days, within 30 days of the accident, the cost of tutorial expenses of a qualified teacher will be paid to a maximum of \$10/hr.

Maximum \$ 2,000

Emergency taxi and travel expense benefit

This benefit will pay the reasonable expense incurred for a licensed taxi to transport the eligible member to the nearest hospital or a doctor's office, where immediate medical attention is required. In certain circumstances Hockey Canada will consider the reimbursement of fuel for a volunteer who provides the same service due to immediate need of medical attention.

The Travel Expense Benefit will pay the cost of all reasonable travel expenses incurred as a result of an accidental injury. Treatment must begin within 30 days of an accident for coverage to apply.

Maximum \$140 per accident

Note: For the emergency taxi benefit and the travel expense, all bills or receipts must be submitted.

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Loss of income benefit

In the event that an accident results in the covered member incurring a loss of earnings in excess of 30 consecutive days we shall provide reimbursement for those earnings lost for the next 30 day period. We shall do this based on a \$250 per week/\$1000 maximum per claim limit. This benefit is not intended to reimburse for missed Officiating assignments. Proper documentation of the lost earnings in the form of a Statement of Earnings and Deductions and/or a T-4 will be required.

Maximum \$250/week, 30 day waiting period

Maximum \$1000/claim, 30 day waiting period

Hockey Canada accident insurance benefits do not cover:

1. Benefits eligible for payment by an Employee's Private Medical and/or Dental Plan. The plan acts as second "payer" in all cases and can be used for deductibles/coinsurance not paid by the first "payer".
2. Any benefits provided or paid by any Government Hospital or Medical Plans, whether or not the injured person is included in such plan. There are no payments for any non-resident who plays hockey in Canada without some form of primary coverage.
3. The purchase, repair or replacement of eyeglasses or contact lenses, or prescriptions thereof.
4. Sickness or disease either as a cause or effect.
5. Injury resulting from war or any act of war, whether declared or undeclared.
6. Air travel, except as a fare-paying passenger in an aircraft with a certificate of air worthiness to/from a Hockey Canada sanctioned activity.
7. Expenses of dental treatment incurred for the cost of replacement or repair of artificial teeth or dentures, permanent bridgework excepted.
8. The expenses of a knee brace or similar device, the use of which is solely to allow an insured person to participate in a game or practice of hockey.
9. Any expenses not submitted within 365 days of the date of the accident.
10. Any accident report forms not submitted within 90 days of the accident.
11. Equipment replacement.

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discrepancy between this booklet and the master policy, then the terms and provisions of the master policies shall take precedence. If you wish to view the policy documents, you are entitled to do so and may visit any Branch of Hockey Canada at reasonable times for this purpose.

HOW TO MAKE A CLAIM

- 1.SECURE** a Hockey Canada Injury Report Form (page 48) from your team or Minor Hockey Association. In the event that there are none available, contact your local Branch office.
- 2.COMPLETE** the form in its entirety. Have your team official complete the team section and your Doctor/Dentist complete the back of the form.
- 3.SUBMIT** the fully completed form to your Branch office along with any receipts or invoices within 90 days of the date of accident.

NOTE:

- Only Accident Report Forms received in the Branch office within 90 days of the date of accident will be accepted.
- Forms must be completed in their entirety or the forms will be returned.
- Only original receipts and/or invoices are acceptable.
- Hockey Canada is strictly a supplemental insurer. If you have access to any other insurance, you must pursue it through them first. Hockey Canada shall cover those costs not covered by your primary insurance to our policy limits.

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Available for download at: www.hockeycanada.ca/insurance



HOCKEY CANADA INJURY REPORT

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See reverse for mailing address
Forms must be filled out in full or form will be returned. This form must be completed for each case where an injury is sustained by a player, spectator or any other person at a sanctioned hockey activity

CLAIMS MUST BE PRESENTED WITHIN 90 DAYS OF THE INJURY DATE. DATE OF INJURY: ___/___/___
Mo. Day Yr.

INJURED PARTICIPANT: Player Team Official Game Official Spectator

Name: _____ Birthdate: ___/___/___ Sex: M F
Mo. Day Yr.

Address: _____

City / Town: _____ Province: _____ Postal Code: _____ Phone: (____) _____

Parent / Guardian: _____

DIVISION <input type="checkbox"/> Initiation <input type="checkbox"/> Novice <input type="checkbox"/> Atom <input type="checkbox"/> Peeewe <input type="checkbox"/> Bantam <input type="checkbox"/> Midget <input type="checkbox"/> Juvenile <input type="checkbox"/> Junior	CATEGORY <input type="checkbox"/> AAA <input type="checkbox"/> A <input type="checkbox"/> BB <input type="checkbox"/> CC <input type="checkbox"/> DD <input type="checkbox"/> House <input type="checkbox"/> Minor Junior <input type="checkbox"/> Adult Rec. <input type="checkbox"/> AA <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Major Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other _____
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BODY PART INJURED <table border="0"> <tr> <td>Head <input type="checkbox"/> Face <input type="checkbox"/> Skull <input type="checkbox"/> Eye Area <input type="checkbox"/> Throat <input type="checkbox"/> Dental</td> <td>Back <input type="checkbox"/> Lower <input type="checkbox"/> Neck <input type="checkbox"/> Upper</td> <td>Trunk <input type="checkbox"/> Abdomen <input type="checkbox"/> Ribs <input type="checkbox"/> Chest</td> </tr> <tr> <td>Arm: <input type="checkbox"/> Left <input type="checkbox"/> Collarbone <input type="checkbox"/> Right <input type="checkbox"/> Elbow <input type="checkbox"/> Shoulder <input type="checkbox"/> Hand/Finger <input type="checkbox"/> Upper arm <input type="checkbox"/> Forearm/Wrist</td> <td>Leg: <input type="checkbox"/> Left <input type="checkbox"/> Knee <input type="checkbox"/> Right <input type="checkbox"/> Toe <input type="checkbox"/> Shin <input type="checkbox"/> Thigh <input type="checkbox"/> Other <input type="checkbox"/> Foot</td> <td>Pelvis <input type="checkbox"/> Hip <input type="checkbox"/> Groin</td> </tr> </table>	Head <input type="checkbox"/> Face <input type="checkbox"/> Skull <input type="checkbox"/> Eye Area <input type="checkbox"/> Throat <input type="checkbox"/> Dental	Back <input type="checkbox"/> Lower <input type="checkbox"/> Neck <input type="checkbox"/> Upper	Trunk <input type="checkbox"/> Abdomen <input type="checkbox"/> Ribs <input type="checkbox"/> Chest	Arm: <input type="checkbox"/> Left <input type="checkbox"/> Collarbone <input type="checkbox"/> Right <input type="checkbox"/> Elbow <input type="checkbox"/> Shoulder <input type="checkbox"/> Hand/Finger <input type="checkbox"/> Upper arm <input type="checkbox"/> Forearm/Wrist	Leg: <input type="checkbox"/> Left <input type="checkbox"/> Knee <input type="checkbox"/> Right <input type="checkbox"/> Toe <input type="checkbox"/> Shin <input type="checkbox"/> Thigh <input type="checkbox"/> Other <input type="checkbox"/> Foot	Pelvis <input type="checkbox"/> Hip <input type="checkbox"/> Groin	NATURE OF CONDITION <input type="checkbox"/> Concussion <input type="checkbox"/> Laceration <input type="checkbox"/> Fracture <input type="checkbox"/> Sprain <input type="checkbox"/> Strain <input type="checkbox"/> Contusion <input type="checkbox"/> Dislocation <input type="checkbox"/> Separation <input type="checkbox"/> Internal Organ Injury
Head <input type="checkbox"/> Face <input type="checkbox"/> Skull <input type="checkbox"/> Eye Area <input type="checkbox"/> Throat <input type="checkbox"/> Dental	Back <input type="checkbox"/> Lower <input type="checkbox"/> Neck <input type="checkbox"/> Upper	Trunk <input type="checkbox"/> Abdomen <input type="checkbox"/> Ribs <input type="checkbox"/> Chest					
Arm: <input type="checkbox"/> Left <input type="checkbox"/> Collarbone <input type="checkbox"/> Right <input type="checkbox"/> Elbow <input type="checkbox"/> Shoulder <input type="checkbox"/> Hand/Finger <input type="checkbox"/> Upper arm <input type="checkbox"/> Forearm/Wrist	Leg: <input type="checkbox"/> Left <input type="checkbox"/> Knee <input type="checkbox"/> Right <input type="checkbox"/> Toe <input type="checkbox"/> Shin <input type="checkbox"/> Thigh <input type="checkbox"/> Other <input type="checkbox"/> Foot	Pelvis <input type="checkbox"/> Hip <input type="checkbox"/> Groin					
ON-SITE CARE <input type="checkbox"/> On-Site Care Only <input type="checkbox"/> Refused Care <input type="checkbox"/> Sent to Hospital by: <input type="checkbox"/> Ambulance <input type="checkbox"/> Car							

INJURY CONDITIONS Name of arena / location: _____ <input type="checkbox"/> Exhibition/Regular Season <input type="checkbox"/> Period #2 <input type="checkbox"/> Playoffs/Tournament <input type="checkbox"/> Period #3 <input type="checkbox"/> Practice <input type="checkbox"/> Overtime: _____ <input type="checkbox"/> Try-outs <input type="checkbox"/> Dry Land Training <input type="checkbox"/> Other <input type="checkbox"/> Gradual Onset <input type="checkbox"/> Warm-up <input type="checkbox"/> Other Sport <input type="checkbox"/> Period #1 <input type="checkbox"/> Other: _____	CAUSE OF INJURY <input type="checkbox"/> Hit by Puck <input type="checkbox"/> Collision with Boards <input type="checkbox"/> Non-Contact Injury <input type="checkbox"/> Hit by Stick <input type="checkbox"/> Collision on Open Ice <input type="checkbox"/> Collision with Opponent <input type="checkbox"/> Fall on Ice <input type="checkbox"/> Checked from Behind <input type="checkbox"/> Collision with Net <input type="checkbox"/> Fight <input type="checkbox"/> Blindsiding	Was the injured player in the correct league and level for their age group? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this a sanctioned Hockey Canada activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
WEARING WHEN INJURED <input type="checkbox"/> Full Face Mask <input type="checkbox"/> Intra-Oral Mouth Guard <input type="checkbox"/> Half Face Shield/Visor <input type="checkbox"/> Throat Protector <input type="checkbox"/> Helmet/No Face Shield <input type="checkbox"/> No Helmet/No Face Shield <input type="checkbox"/> Short Gloves <input type="checkbox"/> Long Gloves		LOCATION <input type="checkbox"/> Defensive Zone <input type="checkbox"/> Offensive Zone <input type="checkbox"/> Neutral Zone <input type="checkbox"/> Behind the Net <input type="checkbox"/> 3 ft. from Boards <input type="checkbox"/> Spectator Area <input type="checkbox"/> Parking Lot <input type="checkbox"/> Dressing Room <input type="checkbox"/> Bench <input type="checkbox"/> Other: _____

WEARING WHEN INJURED <input type="checkbox"/> Full Face Mask <input type="checkbox"/> Intra-Oral Mouth Guard <input type="checkbox"/> Half Face Shield/Visor <input type="checkbox"/> Throat Protector <input type="checkbox"/> Helmet/No Face Shield <input type="checkbox"/> No Helmet/No Face Shield <input type="checkbox"/> Short Gloves <input type="checkbox"/> Long Gloves	ADDITIONAL INFORMATION Has the player sustained this injury before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" how long ago _____ Was a penalty called as a result of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated absence from hockey? <input type="checkbox"/> 1 week <input type="checkbox"/> 1-3 weeks <input type="checkbox"/> 3+ weeks	DESCRIBE HOW ACCIDENT HAPPENED (Attach page if necessary) _____ _____ _____ _____ _____	I hereby authorize any Health Care Facility, Physician, Dentist or other person who has attended or examined me/my child, to furnish Hockey Canada any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all dental, hospital, and medical records. A photo static/electronic copy of this authorization shall be considered as effective and valid as the original. Signed: _____ (Parent/Guardian if under 18 years of age) Date: _____
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TEAM INFORMATION (To be completed by a Team Official) Association: _____ Team Name: _____ Team Official (Print): _____ Team Official Position: _____ Signature: _____ Date: _____	HEALTH INSURANCE INFORMATION THIS MUST BE FILLED OUT IN FULL OR FORM PROCESSING WILL BE DELAYED Occupation: <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Full-Time Student Employer (If minor, list parent's employer): _____ 1. Do you have provincial health coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Province: _____ 2. Do you have other insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF "YES", PLEASE SUBMIT CLAIM TO YOUR PRIMARY HEALTH INSURER.) 3. Has a claim been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF "YES", PLEASE FORWARD PRIMARY INSURER EXPLANATIONS OF BENEFITS.) Make Claim Payable To: <input type="checkbox"/> Injured Person <input type="checkbox"/> Parent <input type="checkbox"/> Team <input type="checkbox"/> Other: _____	Branch APPROVAL _____ _____
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HOCKEY CANADA INJURY REPORT

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PHYSICIAN'S STATEMENT

Physician: _____ Address: _____ Tel: (____) _____

Name of Hospital / Clinic: _____ Address: _____

Nature of Injury: _____ Date of First Attendance: _____
 _____ Claimant will be totally disabled:
 _____ From: _____ To: _____

Is the injury permanent and irrecoverable? No Yes

Give the details of injury (degree): _____

Prognosis for recovery: _____

Did any disease or previous injury contribute to the current injury? No Yes (describe): _____

Was the claimant hospitalized? No Yes (give hospital name, address and date admitted): _____

Names and addresses of other physicians or surgeons, if any, who attended claimant: _____

I certify that the above information is correct and to the best of my knowledge,
 Signed: _____ Date: _____

DENTIST STATEMENT

Limits of coverage: \$1,250 per tooth, \$2,500 per accident
 Treatment must be completed within 52 weeks of accident

UNIQUE NO. SPEC. PATIENT'S OFFICIAL ACCOUNT NO.

Patient

Last name _____ Given name _____

Address _____

City / Town _____ Province _____ Postal Code _____

Dentist

PHONE NO _____

I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM DIRECTLY TO THE NAMED DENTIST AND AUTHORIZE PAYMENT DIRECTLY TO HIM / HER

SIGNATURE OF SUBSCRIBER _____

FOR DENTIST USE ONLY - FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES OR SPECIAL CONSIDERATION.

DUPLICATE FORM

I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE TREATMENT.

I ACKNOWLEDGE THAT THE TOTAL FEE OF \$_____ IS ACCURATE AND HAS BEEN CHARGED TO ME FOR THE SERVICES RENDERED.

I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY/PLAN ADMINISTRATOR.

SIGNATURE OF (PATIENT/GUARDIAN) _____ OFFICE VERIFICATION _____

DATE OF SERVICE DAY / MO. / YR.	PROCEDURE	INITIAL TOOTH CODE	TOOTH SURFACE	DENTIST'S FEE	LAB CHARGE	TOTAL CHARGE

THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE & OE. TOTAL FEE SUBMITTED
 NOTE: All benefits subject to insurer payor status, provisions of the policy, Hockey Canada sanctioned events.