



(Founded 1948)

United Churches Football League of Ireland

League Office:

1-2 Eden Quay, Dublin 1

www.ucfl.ie

INJURED PLAYER CLAIM FORM

NO. _____

NAME IN FULL (BLOCK LETTERS) _____ CLUB _____

ADDRESS _____ PHONE NO. _____

OCCUPATION _____ DATE OF INJURY _____ OPPONENTS _____

1. DETAILS OF ACCIDENT	
2. NATURE OF INJURY	
3. MEDICAL ATTENDANT	NAME ADDRESS PHONE NO.
4. HAVE YOU ATTENDED TO YOUR WORK SINCE INJURY	
5. HAVE YOU LOST ANY EARNINGS DUE TO INJURY	

A CONFIRMING MEDICAL CERTIFICATE SHOULD ACCOMPANY THIS FORM
I DECLARE THAT THE INFORMATION ABOVE IS CORRECT AND I UNDERTAKE TO SUPPLY ANY FURTHER INFORMATION REQUIRED TO SUPPORT MY CLAIM FOR BENEFIT.

DATE _____ SIGNATURE OF PLAYER _____

SIGNATURE OF CLUB OFFICIAL _____

FOR COMMITTEE USE ONLY

PREVIOUS CLAIMS				
DATE				
DETAILS				
AMOUNT				

PAYMENTS				
DATE	EX-GRATIA	AMOUNT		PASSED

