
Club Secretary/Treasurer Declaration and Details

To be retained by Insured for Completion on Recovery or returned completed with claim form if recovery complete

I hereby declare that (Claimant's name)

was injured as stated while playing with (Club & Grade name)

on (Date)

Has the Claimant returned to either training or playing?

No, we will advise as soon as the player returns to training playing.

Yes, on (Date)

Did a Medical Practitioner provide a certificate of clearance to return to play?

Yes

No

Club Secretary Name (please print Name)

Home Address

Suburb

State

Postcode

Office Hours Phone

Club Secretary Signature

Date