



**Manx Harriers – Injury treatment – Claim form.**

Athlete Name: .....

Address: .....

Therapist/Practice Name:

Injury Pathology/Nature of injury:

**Date treatment commenced:**

**Treatment date:** Therapist signature:

**Treatment date:** Therapist signature:

**Treatment date:** Therapist signature:

**Treatment date:** Therapist signature:

**Treatment date:** Therapist signature:

**Treatment date:** Therapist signature:

**Treatment date:** Therapist signature:

**Treatment date:** Therapist signature:

**Total amount paid for treatment of injury (include receipts)** Amount Paid £.....

**Please send completed claim form to:**

Honorary Treasurer  
Mr. Raymond Cox,  
Manx Harriers,  
Lhannan Shee,  
School Lane,  
Santon.