

# **Ardrahan GAA Club Player Injury Policy and Procedure 2024/2025**

Ardrahan GAA Club, its Trustees and officers are **NOT** responsible for any injuries caused or incurred while participating in Gaelic Games. It is the policy of Ardrahan GAA Club that no player or their parents should be out of pocket as a result of an injury sustained playing for, or training with, the Club. However, in order for the Club to be able to commit fully to this policy, it is important that all members, including players, are aware of our policy in respect of injury claims.

The guidelines for making claims under the GAA Injury Benefit Fund are strict and obtaining claims can take time. Please note that **the injured player has to pay the medical costs initially, and the GAA Injury Benefit Fund will reimburse these costs to the player thereafter**. This will mean that there will be a time-lag between the player/parent paying the medical bills and being reimbursed. This is beyond the Club's control and in some instances the delay can be several months.

## **Important**

It is always recommended that players should have their own personal insurance. The GAA Injury Benefit fund is not an insurance policy. The following extract is taken from [GAA Injury Benefit Fund](#)

*The GAA Injury Benefit Fund is a Self-funded benefit fund funded entirely from GAA funds with no outside involvement. The GAA Injury Benefit Fund does not seek to compensate fully for Injuries sustained but to supplement other Schemes such as Personal Accident or Health Insurance.*

*The playing of our national games involves the risk of Injury and it is each individual registered player's responsibility to familiarise themselves with the terms and benefits of the GAA Injury Benefit Fund. The Injury Benefit Fund only provides cover for unrecoverable losses up to the limits specified. The responsibility to ensure that adequate cover is in place lies with the individual member and members should not use the fund as their only recourse or be dependent on the fund to compensate them fully for any losses associated with the injury sustained.*

## **Ardrahan GAA Team Manager(s) Responsibilities**

If the injury is sustained in a game, then the Team Manager is responsible for notifying the referee of any injured players immediately after the game. This must be done on the day/evening of the game as referees are instructed not to take details afterwards. Please note that a Referees Report will be required as part of any injury claim to the GAA Injury Benefit Fund.

If the injury is sustained in an Official Training Session, an accompanying letter confirming injury signed by Club Chairman / Secretary is required.

## **Ardrahan GAA Player Responsibilities**

### **General**

Any player with Private Health Insurance (VHI etc) who wishes to claim against the GAA Injury Benefit Fund, will initially have to apply for costs under their own Private Policy.

If the private policy covers the claim, then that is the end of the matter. However, if there is an excess on the private policy which exceeds the claim, then the GAA Injury Benefit Fund will accept the claim. A statement of account from your Private Insurer outlining their position on the claim will be required if you then wish to claim through the GAA Injury Benefit Fund.

### Claims Process

When injured, players should contact the Club's Injury Officer / Secretary as soon as possible. Please note there is a 30 day time period within which the Injury must be registered in order for any claim to be eligible for the GAA Injury Benefit Fund.

The current Ardrahan GAA Club Injury Officer is Eoin O'Dea (087-2323695).

#### Steps to take

1. Complete the 2 attached forms (below);

- Claimants Declaration and
- Medical Certification

No matter what the injury is, these 2 forms must be filled out.

2. Please hold onto all receipts. Remember, claims cannot be made against invoices, claims can only be made with receipts.
3. Please remember, emergency attendance at a private hospital is not covered under the GAA Injury Benefit Fund. Expenses such as this can potentially be covered by your own Private Health insurance, if you have such a policy.
4. The first €100 of each claim is not covered under the GAA Injury Benefit Fund (policy excess), however this excess will be covered by Ardrahan GAA Club - on finalisation of the GAA Injury Benefit Fund claim process - therefore a player/parent will not be out of pocket.

### Physiotherapy

In order to control costs, Ardrahan GAA will only be able to pay a Maximum of €60 (i.e. 3 visits x €20) for physiotherapy treatment;

- Player must get Managers approval prior to the physiotherapy treatment
- Player pays physiotherapy fees upfront
- Receipts must be handed in to the Injury Officer within 1 month of finishing treatment
- €20 reimbursement will then be progressed.

Please note that the GAA Injury Benefit Fund only covers post-operative physiotherapy, up to a max of €320. The GAA Injury Benefit Fund does not cover general Physio treatment.



**MEDICAL CERTIFICATION – FOR COMPLETION IN ALL CASES BY THE DOCTOR/DENTIS ONLY WHO ATTENDED THE CLAIMANT.**

Cost of completion of the Medical Section of this claim form must be borne by the claimant

Web Reference

Patient's Name

Patient's Date of Birth

Address

Please state specific diagnosis

Cause of disability and details of treatment administered / prescribed

Date of diagnosis

Date patient first consulted you for this disability

Date from which unfit for work

Date fit to return to work (if known) If unknown, please give estimate

Has the claimant ever had this or a similar disability/treatment before? Yes  No   
If Yes, please give date and detail

Please Indicate if this injury is GAA related Yes  No

Please indicate if the claimant has suffered an accidental bodily injury Yes  No

**Doctor's/Dentist's Declaration**

**I declare that to the best of my knowledge, the above information is accurate and correct and that the disability has been continuous as stated above.**

Name (block capitals)

Signature

Telephone Number

Date

**Stamp**  
(if no stamp available a business card or confirmation on the qualified practitioners headed paper must be submitted)

# GAA INJURY Benefit Fund

## Claimant's Declaration

I declare that to the best of my knowledge, the foregoing statements are true in every respect. I hereby authorise the doctor / dentist / hospital / employer / VHI / Laya Health Care / Irish Life Health / Department of Employment Affairs and Social Protection / Department for Communities to supply any information requested. I understand that any deliberate misstatement will void the claim in its entirety.

I am aware that the information I give on this claim form and any other form issued to me in connection with this claim and to any other information that I give in relation to this claim will be held and assessed by DWF Claims and the GAA.

By ticking this box, I consent for the purposes of the General Data Protection Regulation and the Data Protection Act 2018 to data concerning my health (e.g. nature of injury) to be processed by the GAA and DWF Claims in order to assess this claim.

(Please note, if you do not tick this box, your claim cannot be processed, as the nature of your injury is required).

I give my authorisation that any information pertaining to this claim may be provided, only when necessary to any persons deemed relevant by DWF Claims and /or GAA in assessment of this claim.

Name (block capitals)

Signature

Date

## Team Trainer's Declaration

I declare that the above-named claimant was injured as a result of participating in an Official Fixture as recorded in the Referees report.

Yes No

I declare that the above-named claimant was injured as a result of participating in an Official Supervised Training Session \ or an Official Sanctioned Match Challenge Match (delete as applicable)

Yes No

Name (block capitals)

Signature

Date

## Passed by Club Secretary \ Designated Injury Fund Administrator

I declare that the above-named claimant is a registered member who

was injured as a result of participating in an Official Fixture as recorded in the Referees report submitted.

Yes No

was injured as a result of participating in an Official Supervised Training Session \ or an Official Sanctioned Challenge Match (delete as applicable), letter submitted from Club Secretary \ Injury Fund Administrator on official club headed paper confirming same

Yes No

Membership number

Name (block capitals)

Signature

Date:

## **IMPORTANT NOTIFICATION**

The following Information is being provided to you as outlined in the General Data Protection Regulation. It is intended to inform you of how the Personal Data provided on this form will be used, by whom and for what purposes. If you are unclear on any aspect of this form, or want any further information, please contact the GAA's Data Protection Officer (01 8658600 or [dataprotection@gaa.ie](mailto:dataprotection@gaa.ie)).

### **Who is the data controller?**

The GAA and DWF Claims are the joint Data Controllers of the Personal Data contained on this form.

### **What is the purpose of processing my Personal Data?**

The purpose for processing your Personal Data is to assess your GAA Injury Benefit Fund Claim. This processing is carried out on the basis of your consent.

### **Will anyone else receive a copy of my Personal Data?**

Your Personal Data will also be accessed by the GAA's Injury Fund Administrators, DWF based at 5 George's Dock, IFSC, Dublin 1.

### **Where is your Personal Data stored?**

Your data will be stored electronically on the GAA's secure Injury Benefit Fund System which is provided by DWF Claims

### **Who are DWF Claims?**

DWF Claims are the GAA's claims assessors and Injury Fund Administrators.

### **How long will your Personal Data be stored for?**

Your Personal Data will be held for 7 years.

### **How can I obtain a copy of my Personal Data?**

You have the right to request a copy of all of your Personal Data and can do so by contacting us. This information will be provided to you within one month.

### **What are my privacy rights relating to my Personal Data?**

You have the right to have your Personal Data updated, rectified, or deleted in certain circumstances. You have the right to object to your Personal Data being processed and to withdraw your consent to processing - You can do so by contacting us.

### **Where can I get further information?**

Further information regarding your rights can be obtained through the **Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, D02 RD28** or on the website [www.dataprotection.ie](http://www.dataprotection.ie)

### **How do I make a complaint or report a breach?**

Should you wish to make a **complaint or report a breach** under in relation to your Personal Data, you can do so by filling in a webform on their website at [www.dataprotection.ie](http://www.dataprotection.ie), or by phone at 057 868 4800.