



POLOCROSSE OFFICIAL SCORE SHEET

Both sides of this score sheet **MUST** be completed

Hosting Club:		Grade:	
Date and Time:		Field:	

Team		V	Team	
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Umpire (1): (name & sign)		Timekeeper (name & sign)	
Umpire (2): (name & sign)		Scorer (name & sign)	

Chukka	Goals	Total	Progress		Chukka	Goals	Total	Progress
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			
7					7			
8					8			
Extra Time					Extra Time			
TOTAL					TOTAL			

TEAM: _____

TEAM: _____

Player & Horse Name	1	2	3	4	5	6	7	8
P								
H								
P								
H								
P								
H								
P								
H								
P								
H								
P								
H								
P								
H								
P								
H								

Player & Horse Name	1	2	3	4	5	6	7	8
P								
H								
P								
H								
P								
H								
P								
H								
P								
H								
P								
H								
P								
H								
P								
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Where stoppages involve an injury to a player the Umpire must also complete an official Accident/Incident Report Form. The completed Accident/Incident Forms must be forwarded to the State Director of Umpiring/State Administrator immediately. *The Tournament Chief Umpire must peruse all Score Sheets at the end of each day's play.*

Was any player injured during this game?	Yes	No	Player name:	Comment:
				Office use – Incident report form completed <input type="checkbox"/>
Was First Aid called?	Yes	No	Player name:	Comment:
Was a player sent off during this game?	Yes	No	Player name: Club/State:	Comment:
Was the game stopped for blood on a horse?	Yes	No	Player name: Horse name: Club/State:	Where was the blood? (Be descriptive)
Were spurs/whips order to be removed?	Yes	No	Player name: Club/State:	Comment:

Was the **Official Vet / HWO** called during the game?
(Please circle) Y N

Did the horse finish the game?
(Please circle) Y N

If above answer is NO, it is MANDATORY to fill out ALL the relevant fields below

Player Name:
Grade/Division:
Team/Club:
State:
Chukka No in Game, incident occurred:

Horse Name:
Age:
Horse Description:
Brands:

Please Tick

Lame:	LF	LH	RF	RH
Degree:	Slight	Moderate	Serious	Broken

Any direct cause? _____

Tied Up

Stress / Exhaustion _____

Please Tick

Laceration / Blood	Body	Leg	Head	Nose/Nostril L R	Mouth	Tounge
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Possible cause? _____

Seizure

Please Tick

Death:	Trauma	Collapse
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Please describe incident: _____

In the event of a new horse being brought into play, please complete the following

Player: _____ **Player:** _____

Horse Name: _____ **Horse Name:** _____

Detailed Description: _____ **Detailed Description:** _____
