

# Polocrosse Australia Official Score Sheet

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

<b>Date:</b>		<b>Division:</b>	
<b>Time:</b>		<b>Field:</b>	

<b>Team A</b>		<b>V</b>	<b>Team B</b>	
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<b>Umpire (1): (name &amp; sign)</b>		<b>Timekeeper (name &amp; sign)</b>	
<b>Umpire (2): (name &amp; sign)</b>		<b>Scorer (name &amp; sign)</b>	

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			
<b>TOTAL</b>					<b>TOTAL</b>			

TEAM A: \_\_\_\_\_ TEAM B: \_\_\_\_\_

Player/Position/ Horse	1	2	3	4	5	6	7	8
P								
H								
P								
H								
P								
H								
P								
H								
P								
H								
P								
H								
P								
H								
P								
H								
P								
H								

Player/Position/ Horse	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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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/Position:** \_\_\_\_\_ **Player/Position:** \_\_\_\_\_

**Horse Name:** \_\_\_\_\_ **Horse Name:** \_\_\_\_\_

**Detailed Description:** \_\_\_\_\_ **Detailed Description:** \_\_\_\_\_