LGFA Injury Fund – Explained.

What is the Injury Fund?
The LGFA Injury Fund is a fund, set up to assist members with some reimbursement for medical expenses incurred due to an injury sustained during ladies Gaelic football. It is NOT an insurance policy. There is no insurance company involved in any way with the administration of the fund and therefore there is no insurance policy number associated with the LGFA Injury Fund.

There is no legal obligation on the LGFA to administer such a fund. It is the responsibility of all members to ensure that they have sufficient financial resources for any treatment they wish to pursue due to an injury. If a player is covered under another source, they must claim through that source first – i.e., private medical insurance (VHI, LAYA, Irish Life) or school insurance.

Rules pertaining to the LGFA Injury Fund are covered in the Official Guide Rule 64 to Rule 87. All members should make themselves aware of these Rules.

Who does the Injury Fund Cover?
The Injury Fund covers all playing members who sustain an injury in the following:

a) an official competitive or challenge game

b) an official and supervised training session

It also applies to Club Officers, Team Mentors and Match Officials (Referees, Umpires and Linespersons) if registered and have paid into the Injury Fund.

How is the Injury Fund funded?
The Injury Fund is completely funded by registration fees paid by all playing members, as well as some non-playing members.

Fees are determined by Central Council and at present are as follows:
Adult – €25, Juvenile/U18 – €10, U10 – €0

What are the Benefits of the LGFA Injury Fund?
The LGFA Fund covers the following maximum benefits, provided the correct terms and conditions are followed as noted below.

Medical Expenses – €5,500

Dental Expenses – €3,000

Loss of Wages – A maximum €200 per week for a max of 20 weeks for adult Members only

Note: Juvenile members who wish to be covered for loss of wages must pay the adult registration fee to qualify.

What is the claims process?
All claims must be notified **WITHIN 8 WEEKS OF THE INJURY DATE**, regardless of the injury is considered serious or not.

From 29th of June 2026 the notification of Injury fund claims will be done via Foireann. This system replaces the submission of a preliminary claim form by email or by post.

This new process has been put in place to make it easier to submit claim notifications, improve tracking, and help ensure that all required information is captured accurately and efficiently.

Action required by a player of injured member:

Ensure your Foireann profile and family is correctly set up on Foireann.

Injury Fund claims should be notified by players (or parents/guardians) via the new system by logging into their Foireann account and following the steps in the support document: https://gmssupport.zendesk.com/hc/en-gb/articles/27790292424988-Submitting-an-Injury-Notification-LGFA-Players

Note: claims linked to non-covered teams cannot be processed by the club Secretary or Injury Fund Co-Ordinator.

The Dublin injury fund administrator will then review and approve or reject all injury notifications on Foireann. The match report (if required) will be uploaded and attached to the claim by the Dublin injury fund administrator.

Injury Claim Form – For treatments which are completed within 8 weeks from the date of injury, does not require prior approval (as noted above) and is less than €200.

Under the LGFA Injury Fund the following medical expenses are covered under the LGFA Injury Fund without prior approval:

- **90% of the first six physiotherapy sessions after injury**
- **GP Visits**
- **A&E visits (including emergency attendance to VHI Swift care/LAYA Express Care clinics, up to a maximum €100)**

Any **private treatment** which a claimant is looking to have covered under the injury fund – MRIs, private X rays, consultations, surgery – requires prior approval by submitting a referral letter, on headed paper, from a medical doctor (GP, Surgical Consultant) with a request from the claimant to have the treatment considered for prior approval.

Any **follow-up attendances** to VHI Swift care or private health Express care clinics these must be prior approved. Were a member is covered by a private health insurance policy, prior approval must be sought for any private treatment which they wish the excess to be covered by the LGFA Injury Fund.

Dental Treatment is not considered private treatment, but you must submit a report from your dentist once you have been assessed.

Loss of Wages:
Should a player be claiming for loss of wages please make sure that section C of the injury claim form is completed and stamped by their employer, include a copy of their last 4 pay slips along with a statement from Social Welfare confirming a claim was made and the benefit provided. Also required is a medical certificate from a medical doctor confirming the full timeframe that the person were unfit to work and the date they returned to work. All documents received will be assessed by the LGFA Injury fund administrator against the claim file to verify the information provided and any prior approval provided.

Please note claimants have one year from the date of injury to activate the claim. Once activated a claim will remain open for two years from the date of injury to submit documentation and close the claim.

A claim is considered activated once a prior approval request is submitted.

Payment is made by a cheque or ETF issued to the player/guardian. No third-party payments will be issued.

Is there any exclusion from the Injury Fund?
Travel expenses, prescriptions, injections, and medical aids are NOT covered under the injury fund.

The Fund shall not apply in the case of a player/official:
- Who is injured during a game as a result of an assault wherein the claimant has been the aggressor.
- Whose injury arises from a pre-existing physical defect or infirmity or from the use of alcohol or drugs.
- Players who do not wear mouth guards.
- Who may be pregnant, suffering from concussion etc, any player who plays in this condition is entirely responsible for any consequences that may arise.

- Protective equipment needs to be medically prescribed by your doctor who is aware that it will be worn to play Ladies Gaelic Football and not pose a hazard to other players, then there is no issue with the wearing of same from the LGFA Injury Fund point of view.
- Any person who requires corrective eyewear to participate in Ladies Gaelic Football should consult with their optometrist and review options to ensure safe participation.
- Tell your optometrist of your plans to play Ladies Gaelic Football. He or she will be able to fit you with glasses that use durable, unbreakable polycarbonate for the lens.
- You will also need to ensure your frames for sports glasses are as durable as the lenses.

Once all treatment is completed, a fully completed Injury Claim Form plus original paid receipts are to be posted to: Dublin County Board Office, Le Cheile, Donnycarney, Dublin 5. Eircode D05 X535.

DO NOT scan or email a final injury claim form or receipts as these will not be accepted by the LGFA in Croke Park. POST original copies of all paperwork to Dublin LGFA office.

If hand delivering forms, please note our post box is located at the main reception desk, just inside the door in Le Cheile, Donnycarney, Dublin 5.

Dublin LGFA will sign and post the injury claim form plus receipts directly to Dearbhla Brown in Croke Park. Payments will be delayed if forms are sent directly to Croke Park bypassing the Dublin office.

The LGFA injury fund administrator is based in Croke Park any queries pertaining to any claim should be directed in the first instance to them. Email: injuryfund@lgfa.ie Tel: (01) 865 8642

Dublin LGFA sign off on preliminary and final claim forms as per the terms and conditions of the fund we do not have any act in the processing of claims.

Click on the link below for more information on the injury fund as per the LGFA website www.ladiesgaelic.ie

https://ladiesgaelic.ie/resources/injury-fund/

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