

When, Where, Why & How It Happened

Club Accident Report

State:		
Association/ Federation:		
Club	Date of Accident:	
Club Officer:	Telephone:	
Location of Accident:		
Was the accident reported to the facility where the accident occurred?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Injured Person:		
Address:		
Member of Club:		
Description of Accident:		
When & Where was treatment given:		
Name & Address of Witness:		
1.		
2.		
3		
Signed:		
Telephone:		

PLEASE COMPLETE THIS FORM WITHIN 48 HOURS OF AN ACCIDENT AND SEND TO:
Your Federation / Association Insurance Chairman