

Please return the completed, signed form ASAP to Reyes Hevia, club secretary (087)6224509 with an email copy to reyes.heviap@gmail.com

NB: INSURER MUST BE NOTIFIED IN FULL OF ACCIDENT WITHIN 30 DAYS, IF NOT MAY VOID ANY CLAIM



Injury/Incident/Accident Reporting Form

1.	Site where accident took place:
2.	Name of person in charge of session/competition:
3.	Name of injured person:
4.	Address of injured person:
5.	Date and time of incident/accident
6.	Nature of accident/incident:
7.	Give details of how and precisely where the accident took place (Describe what activity was taking place, eg. training programme, getting changed, etc.)
8.	Give details of the action taken including any first aid treatment and the name(s) of the first-aider(s).
9.	Were any of the following contacted (police/ambulance/parent or guardian):
10.	What happened to the injured person after the accident? (e.g. went home, went to hospital, carried on with session).

Declaration by Adult			
I _____ [ADULT WITNESS PRINT NAME HERE] confirm that all of the above facts are a true and accurate record of the incident/accident.			
Email Address: _____ Mobile: _____			
Address: _____			
SIGNATURE :-		Dated:	