

# ACCIDENT OR INCIDENT RECORD FORM

Full Name				First claim club		
Address				Telephone No.		
				Date of Birth		
				Location (What, Three, Words)		
Post Code						
Incident type (Please circle one)	Injury to Club Member	Member of public	Sporting injury	Slip, Trip, Fall	Struck by object	Other (describe below)
Details of how the accident happened						
Specific Body Part		Left	Right	Injury Sustained		
Date of Accident				Time of Accident		
Date Reported				Time Reported		
Was any first aid given on site? If so, what and by who?						
Was there any witnesses? If so list names and names of employers						
<p><i>By signing this box I give my consent to Widnes Running club to share this information with England Athletics if required</i></p>						
<p><u>Injured Persons Signature</u></p>						
Full Name of reporting person				Telephone No.		
Address				Position in club		
				Reporting Person Signature		
Post Code						