



Date of Injury (YYYY,MM,DD)	Time of Injury (HH, MM)

CLUB INJURY REPORT

Print Clearly

Retain Completed Report at Club

Name of Facility		Exact are of accident	
Name of Injured Person		Age *(if under 18)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address	City	Postal Code	Telephone No.
*Name and address of Parent/Guardian if injured person is under age of 18			Telephone No.

Injury & Treatment Description

Describe injury -	Part of Body Injured
Describe what happened -	
First Aid (What steps were taken immediately following the accident?) -	

Witness

Name	Address	Telephone No.

Name of Attending Individual (Please Print Clearly)	Telephone No.
Signature of Attending Individual	