



# CLUB INCIDENT REPORT

(TO BE COMPLETED BY ACTING MANAGER)

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Club: \_\_\_\_\_

Club Address: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Your job description: \_\_\_\_\_

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of the Incident: \_\_\_\_:\_\_\_\_ AM / PM

Name of Injured Person: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Injured Person's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # ( \_\_\_\_ ) \_\_\_\_\_ Work Phone # ( \_\_\_\_ ) \_\_\_\_\_

How long has this person been a member of your club? \_\_\_\_\_

Describe the Accident Below (what happened?): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the Possible Injury (sprained ankle, cut, slip and fall, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the type of equipment involved (if applicable to the injury) and make any comments concerning the use of the equipment at the time of the accident. \_\_\_\_\_

\_\_\_\_\_

List any type of treatment performed at the club or by a doctor (Include Doctor, Hospital Name, Address if applicable): \_\_\_\_\_

\_\_\_\_\_

Were any witnesses to the incident? YES NO

If so, please have each witness write a brief statement about what happened (copies of witness forms are attached).

**YOUR SIGNATURE:** \_\_\_\_\_

**Attachments to include: Copy of member's contract  
Witness Reports**

(FORM #2B)