



Association
Insurance
Group, Inc.

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)