

Pin Point Tennis Team Accident / Incident Report Form

Name of person in charge of session/competition

Site where incident / accident took place

Date of incident / accident

Name of injured person

Address and contact number/email of injured person

Nature of incident / injury and extent of injury

Give details of how and precisely where the incident occurred

Describe what activity was taking place, e.g. training/game/getting changed

Give full details of action taken place during any first aid treatment and the name(s) of first aider(s)

Was any of the following contact?

- Parent(s)/career(s) -> Yes / No
- Police -> Yes / No
- Ambulance -> Yes / No

What happened to the injured person following the incident / accident?
e.g. carried on with the session, went home, went to hospital

All of the above facts are a true record of the accident / incident

Name: _____

Signed: _____

Date: _____

In the event of an incident/accident relating to training or faulty equipment/facilities, follow up action should including the committee of the incident/accident in line with the place to play maintenance policy.