When, Where, Why & How It Happened

Club Accident Report

State:	
Association/ Federation:	
Club	Date of Accident:
Club Officer:	Telephone:
Location of Accident:	
Was the accident reported to the facility where the accident occurred?	Yes ☐ No ☐
Name of Injured Person:	
Address:	
Email:	
Member of Club:	
Description of Accident:	
When & Where was treatment given:	
Name & Address of Witness:	
1.	
2.	
3	
Signed:	
Telephone:	

PLEASE COMPLETE THIS FORM WITHIN 48 HOURS OF AN ACCIDENT AND SEND TO:
Your Federation / Association Insurance Chairman

Revised 09/01/2025