



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