

INCIDENT/ACCIDENT REPORT FORM



Legana Tennis Club

PERSON INVOLVED

Name _____
Address _____
Phone No _____

Date of Incident _____	Time of Incident _____
Place of Incident _____	
Description of Incident (What happened) _____ _____ _____	
What injury, if any, was caused? _____ _____ _____	
What property damage, if any, was caused? _____ _____	
Names of others involved _____ _____	
Names and address of witnesses _____ _____	
Do you have any injury?	yes..... no.... (Please tick one)
Did you require medical attention?	yes..... no.... (Please tick one)

Date reported: _____ Time: _____ AM/ PM

Signature of Member (Date)

Please return completed form to legana.tennis@gmail.com.au or place in the Suggestion Box in the Clubhouse.

Name and signature of Member Protection Officer or appointed person. (Date)

To be kept on File