

| | Site where accident took place: |
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| 1. | Name of person in charge of session/competition: |
| 2. | Name of injured player: |
| 3. | Address of injured player: |
| 4. | Date and time of incident/accident |
| 5. | Nature of accident/incident: |
| 6. | Was a parent or guardian of injured player present? |
| | Yes / No ? |
| | If NO did parent or guardian check the player in before training or match time with coach / manager? |
| 7. | Give details of how and precisely where the accident took place (Describe what activity was taking place, eg. training programme, match time, getting changed, etc.) |
| 8. | Give details of the action taken including any first aid treatment and the name(s) of the first-aider(s). |
| 9. | Were any of the following contacted (police/ambulance/parent or guardian): |
| 10 | What happened to the injured player after the accident? (e.g. went home, went to hospital, carried on with session). |

PLEASE EMAIL TO:
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