

Accident Report Form

RACQUETBALL ASSOCIATION OF IRELAND

**Coach/Tournament
Director/Official in
Attendance:**

INJURED PARTY

Name:

Club:

Home address:

ACCIDENT DETAILS

**Form Completed
By:**

Date:

Exact Location:

Time:

Time Reported:

Reported by who:

Nature of Injury:

How accident happened:

Describe what activity was taking place, for example training/game/getting changed

**Name and contact
details of
witnesses**

First Aid Involved?

Yes No

**Were the following
contacted:**

Garda/Police
Ambulance

Parents Informed?

Yes No

By whom:

When:

