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?	By whom:			
	When:			

Referred to Designated Liaison Person(DLA)?	☐ Yes	□ No	
DLA Signature		Date:	
Any further action to be taken?			
	Signature Print nam	re of Tournament Director	

All of the above facts are a true record of the accident/incident.