



CHARTER STANDARD
COMMUNITY CLUB

NORTH EAST LEEDS FC – ACCIDENT REPORT FORM

Please fill in electronically and return to northeastleedsfc@hotmail.co.uk and also keep a copy for your records

| About the person who had the accident | |
|---|--|
| Name | |
| Age Group | |
| Address | |
| Activity being undertaken at the time of the accident | |

| About the person reporting the accident | |
|---|--|
| Name | |
| Address | |
| Role within the club | |
| Activity being undertaken at the time of the accident | |
| Signature | |
| Date | |

| About the accident – when and where? | |
|--------------------------------------|--|
| Date and time it took place | |
| Where it took place - location | |

| About the accident – what happened? | |
|--|--|
| How did the accident happen? – what was the cause? | |
| If there were any injuries what were they? | |
| If any, what first aid was performed? | |
| Signature of person in charge | |
| Date | |