

Accident Report Form

About you, the person filling in this report	
Name	
Name of Netball Club	
Address	
Contact Number	
About the person who had the accident	
Name	
Name of Netball Club	
Address	
Contact Number	
England Netball Affiliation Number	
About the Accident	
Date and time of Accident	
Location of Accident (eg. Court No/Car park)	
Details of Accident	
Details of injury and treatment/ action taken	
Printed Name / Signature of Person Completing the Form	

To be completed by WINL: Any recommendations to avoid similar accidents occurring	
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Updated: 01.07.16