

Play Badminton Club is a member of Badminton England (Membership No: CL007504)

Contact person: Ashish Patani (M) 07708 753 510 (E) ashishpatani@yahoo.com

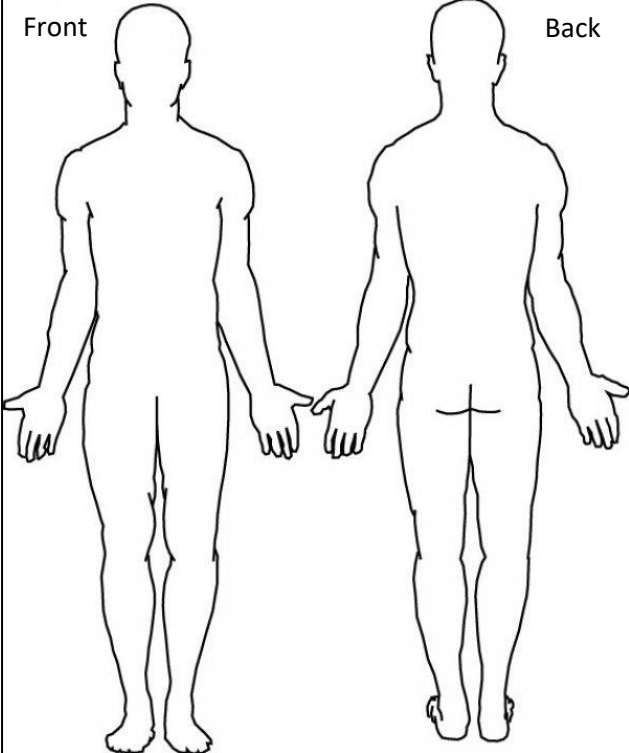
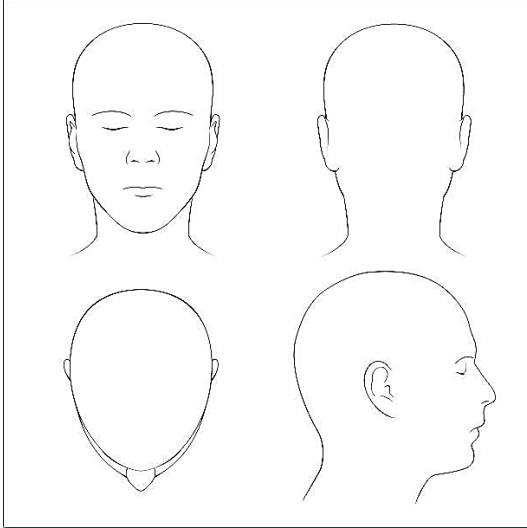
## INCIDENT / ACCIDENT REPORT FORM

|  |                        |                           |                                   |
|--|------------------------|---------------------------|-----------------------------------|
| <b>Date of incident /<br/>accident</b>   |                        | <b>Time</b>               |                                   |
| <b>Venue</b>   |                        |                           |                                   |
| <b>Session leader</b>  |                        |                           |                                   |
| <b>Name of injured person</b>  |                        |                           |                                   |
| <b>Contact details</b>   |                        |                           |                                   |
| <b>Emergency contact of<br/>injured person (if known)</b>  | <b>Name</b>            | <b>Contact</b>            | <b>Relation</b>                   |
| <b>Nature of incident /<br/>accident</b>   |                        |                           |                                   |
| <b>Give details of how and<br/>precisely where the<br/>incident / accident took<br/>place</b>                                  |                        |                           |                                   |
| <b>Give full details of<br/>actions taken including<br/>any first aid treatment<br/>and name(s) of the first<br/>aiders(s)</b> |                        |                           |                                   |
| <b>Were any of the<br/>following contacted?</b>  | <b>Police</b><br>Y / N | <b>Ambulance</b><br>Y / N | <b>Emergency contact</b><br>Y / N |
| <b>What happened to the<br/>injured person following<br/>the incident / accident</b>   |                        |                           |                                   |

Please turn over page →

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## INCIDENT / ACCIDENT REPORT FORM

|   |  |
|---|--|
| <div style="display: flex; justify-content: space-between;"> <span>Front</span> <span>Back</span> </div>  |  |
|---|--|

Mark with **X** location(s) of injury / injuries (if applicable)

**Additional notes**

**All of the above facts are a true and accurate record of the incident / accident**

Signature of session leader

Name:

Date:

**Give this completed incident / accident report form to the Club organisers as soon as possible.**