



WALES SQUASH AND RACKETBALL ACCIDENT & INJURY REPORT FORM

INJURED PERSONS DETAILS:		
Full Name: Date of Birth:	Address:	Contact Tel. No(s).
Date of accident/injury:	Venue of accident/injury:	Exact location of accident/injury:
DETAILS OF INDIVIDUAL(S) WHO DEALT WITH THE INCIDENT:		
Name: Address:	Name: Address:	
Nature of the accident/injury:		
Details leading up to the accident/injury:		
Details of events after the accident/injury:		
Details of First Aid treatment given:		
Responsible Adult	Signature: Print Name:	Date:
First Aider	Signature Print Name:	Date:
Tournament Director	Signature: Print Name:	Date