



LAKE NORMAN SOCCER CLUB INCIDENT REPORT FORM

Please insure that this form is completely legible and is signed and dated

1. Name and location of facility: _____

2. Full name of coach supervising the activity: _____

3. Full name of injured person: _____

4. Full address of the injured person: _____

5. Age of injured person _____ 6. Date of incident _____ 7. Time of incident _____

8. Did injury occur while playing in ___ a regular season game ___ a tournament ___ or at Practice?

9. Was the injured player playing up in age? ___ Yes ___ No If yes, how many years? _____

10. Nature of injury, including location on body _____

11. Full details of the incident including: how it happened, what activity was being performed, where (if off pitch):

12. Witness name(s) and addresses: _____

13. Action taken: _____

Parent informed: Yes / No Facility informed: Yes / No Did injured see a medical doctor? Yes/ No

Club official informed: _____

I confirm that the above details are correct and accurate to the best of my knowledge

Name (print) _____

Signature _____

Date _____