

# Winwick Athletic FC (Season 2024/2025)



## Incident / Accident Report Form

Name of Club: Winwick Athletic FC

1. Site where accident took place:

\_\_\_\_\_

2. Name of person in charge of session / competition:

\_\_\_\_\_

3. Name of injured person:

\_\_\_\_\_

4. Address of injured person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Date and time of incident / accident:

\_\_\_\_\_

6. Nature of incident / accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Give details of how and precisely where the accident took place.  
Describe what activity was taking place e.g. training programme, getting changed etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Give details of the action taken including any first aid treatment and the name(s) of the first-aiders(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Were any of the following contacted:

Police Yes ☐ No ☐

Ambulance Yes ☐ No ☐

Parent / Guardian Yes ☐ No ☐

10. What happened to the injured person following the accident?  
(e.g. went home, went to hospital, carried on with the session / match)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. All of the above facts are a true and accurate record of the incident / accident.  
**NOTE:** Accident insurance is provided by the Club but any claims must be submitted to the insurers, via the Club Secretary, no later than **30 days** after an injury.

Signed: \_\_\_\_\_ Name (Print): \_\_\_\_\_ Club Position: \_\_\_\_\_