



Carleton Place Soccer Club Inc.

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(613) 257-8618
www.cpsoccer.ca



Incident / Accident Report

Please fill this form out and return it to the Club Administrator within 48 hours of the date of the Incident/Accident.

1. Site where accident took place: _____

2. Date and time of accident/ incident: _____

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

4. Name of injured person: _____

5. Address of injured person: _____

6. Nature of accident/ incident: _____

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

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

9. Indicate which of the following were contacted including contact information for each:

Police _____

Ambulance _____

Parent/ Guardian _____

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

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

Signed: _____

Name (Print): _____ Date: _____

Form Voted/Accepted at the Board of Director's meeting:

March 19th 2013

Policy Signed by: Bradley Simpson on March 19th 2013
Bradley Simpson, President Date

Policy Signed by: Mark Dorland on 19 MAR 13
Mark Dorland, Secretary Date