



HARROW BAPTIST TENNIS CLUB Accident Report Form

Name and position (officer or member) of person reporting the accident

Site where accident took place e.g. court number, club house

Date and time of accident

Name of injured person (and date of birth if under 18)

Address of injured person

Nature of injury and extent of injury

P.T.O.

**Give details of how the accident occurred.
Describe what activity was taking place, e.g. training/game/getting changed.**

Give full details of action taken during any first aid treatment and the name(s) of first aider(s).

Were any of the following contacted?

Parent(s)/carer(s) Yes No

Police Yes No

Ambulance Yes No

**What happened to the injured person following the accident?
e.g. carried on with session, went home, went to hospital**

All of the above facts are a true record of the accident

Name: _____

Signed: _____

Date: ____/____/____

**Please scan or photograph completed forms and forward to
lesley.owens@sky.com (Chair HBTC) ASAP.
All completed forms will be reviewed and further action taken, if necessary.**

For official use :

Form no.	
Action taken	