



**WALSALL TENNIS CLUB**  
**(formerly BIRMINGHAM ROAD LAWN TENNIS CLUB)**

Club grounds at the rear of the Metro Inn, Birmingham Road, Walsall

[www.walsalltennis.co.uk](http://www.walsalltennis.co.uk)

*President: (vacant)*



**Secretary:** Mr Rick Magnante, 12, Scott Road, Walsall, WS5 3PU.

Telephone: 01922 645130

## INCIDENT/ACCIDENT REPORT FORM

Please complete and return this form to: MR. DAVID FIELDHOUSE, 20 Scott Road, Walsall WS5 3JN

Name of person in charge of session/competition:	
Site where incident/accident took place:	
Date of incident/accident:	
Name of injured person:	
Address of injured person:	
Nature of incident/injury and extent of injury:	
Give details of how and precisely where the incident 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?	<i>Please circle</i>
Parent(s)/carer(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Police	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ambulance	Yes <input type="checkbox"/> No <input type="checkbox"/>
What happened to the injured person following the incident/accident? e.g. carried on with session, went home, went to hospital:	

**All of the above facts are a true record of the accident/incident**

Signed: .....

Print Name: .....

Date: .....

In the event of an incident/accident relating to training or faulty equipment/facilities, follow up action should include completion of the relevant risk assessment form. [Refer to resources 3.4.5 – Risk assessment form for facilities; and 3.4.6 – Risk assessment form for coaches.]

(3.4.4 August 2013)