



RISBOROUGH RANGERS JUNIOR FOOTBALL CLUB



This form should be completed by the relevant age group manager or lead coach present at the time of the accident and returned to welfareofficer.rrjfc@gmail.com

Manager / coach reporting the accident

Name	
Age Group	
Contact number	
Contact email address	

About the person who had the accident

Full Name	
Address	

Parent / Guardian contact info

Full Name	
Contact number	
Contact email address	

About the accident – when, where, what

Date		Time:	
Venue/location it took place?			
Footballing activity? e.g. (match/training/tournament)			
How did the accident happen?			
What were the injuries?			
Did the person receive any medical treatment and or attend hospital?			
Any recommendation to avoid similar accidents happening in future?			

Signature of Reporter

Date Reported