



# HEALTH, FITNESS & RACQUET SPORTS CLUB INCIDENT REPORT

[COMPLETE FOR ALL INCIDENTS AND REPORT IMMEDIATELY – PLEASE PRINT]



<b>Date</b>	Month	Day	Year	Time of Accident	Club Member	Club Name
				A.M. P.M.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Club Location
<b>Injured Person</b>					HOSPITAL OR FIRST AID SQUAD NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	
	FIRST	(M.I.)	LAST	AGE	NAME: _____	
	NUMBER AND STREET				TIME OF INITIAL CALL: _____	
	CITY	STATE	ZIP		TIMES OF FOLLOW-UP CALLS: 1. _____ 2. _____ 3. _____ 4. _____	
	BUSINESS PHONE		HOME PHONE		TIME OF ARRIVAL: _____	
				TIME OF DEPARTURE: _____		
				TAKEN TO HOSPITAL? _____		
				NAME OF FIRST AID ATTENDANT: _____		
DESCRIPTION OF ACCIDENT:						
CHECK ITEMS THAT APPLY TO INJURED PERSON:						
<b>BLEEDING INJURY:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>OTHER VISIBLE INJURY:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>NO VISIBLE INJURY, BUT COMPLAINT OF PAIN:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF EYE INJURY, WEARING EYEGUARDS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO						
DESCRIBE EXACT INJURY SUSTAINED:				DESCRIBE FIRST AID ADMINSTERED BY CLUB:		
<b>First Witness</b>				<b>Second Witness</b>		
FIRST	(M.I.)	LAST		FIRST	(M.I.)	LAST
NUMBER AND STREET				NUMBER AND STREET		
CITY	STATE	ZIP		CITY	STATE	ZIP
BUSINESS PHONE		HOME PHONE		BUSINESS PHONE		HOME PHONE
DESCRIPTION OF ACCIDENT BY WITNESS:				DESCRIPTION OF ACCIDENT BY WITNESS:		
SIGNATURE:				SIGNATURE:		



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[continued]



NAME OF CLUB PERSONNEL WHO INSPECTED THE SCENE:

POSITION

DATE OF INSPECTION:

CONDITIONS FOUND:

ACTION TAKEN, IF PRACTICAL, TO AVOID RECURRENCE:

## Description of Place of Accident

INTERIOR  EXTERIOR  WALKING AREA  PLAYING SURFACE  LOCKER ROOM

PHY. FITNESS ROOM  OTHER: \_\_\_\_\_

CONDITIONS:  DRY  WET  SMOOTH  EVEN SURFACE  SLIPPERY

FOREIGN SUBSTANCE?  YES  NO IF 'YES', DESCRIPTION: \_\_\_\_\_

IF INJURY TOOK PLACE OUTSIDE CLUB BUILDING, CHECK APPROPRIATE ITEMS:

WEATHER CONDITION:  DRY  RAIN  SNOW  ICE  DAY  NIGHT LIGHTING CONDITIONS: \_\_\_\_\_

**IMPORTANT:** IF INJURY TOOK PLACE ON A COURT, PROVIDE NAME, ADDRESS AND TELEPHONE NUMBER OF THOSE INDIVIDUALS WHO USED OR RENTED THE COURT DURING THE PRIOR HOUR.

## ADDITIONAL COMMENTS

DID POLICE INVESTIGATE?  YES  NO NAME AND RANK OF OFFICER DEPARTMENT PHONE NUMBER

SUBMITTED BY: SIGNATURE: TELEPHONE: DATE / TIME

This information is for reporting purposes only. The information provided is the responsibility of the insured and/or club.



### CREATIVE AGENCY GROUP

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