



Ottawa City Soccer Club - Incident and Accident Report Form

Please fill in any applicable areas; provide as much information as possible. When completed, sign and submit the form within 24 hours to Ottawa City Soccer Club (generalmanager@ottawacitysoccer.com). As a general Rule, fill in a form for any incident or accident if you are not sure.

Reporting Person:	Reporting Person's Role (circle): Player Coach Manager Trainer Parent Spectator
Date of Report:	Indicate the type of report: Accident Incident If Accident, also see HUB insurance form on website under About Us/Policies.
Date of Accident / Incident:	Time of Accident / Incident:
Circle: Girls Boys	Circle: Game Practice Other (describe)
Location of activity where Accident/Incident took place:	Game number (if known):
Division:	Teams involved (numbers and names):
Age Group:	
Activity at the time of incident:	
First Aid applied on scene? (circle) YES NO If yes, person(s) applying First Aid:	
Name:	Role with club/team:
Name:	Role with club/team:
Were any of the following contacted (circle):	
Report Number:	Police Ambulance Parent/Guardian
Name of Ottawa City Soccer Club Team member(s) involved:	
Name:	Role with club/team:
Name:	Role with club/team:
Name:	Role with club/team:
Name of person(s) involved:	
Name:	Role with club/team:
Name:	Role with club/team:
Name:	Role with club/team:
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Describe the Incident / Accident in detail: (Please use additional pages if necessary)

Declaration: I, _____ the undersigned, hereby certify all the above facts are a true and accurate record of the incident.

Signed _____ Date: _____

Ottawa City Soccer Club Use Only

Date Report Received: _____

Ottawa City Soccer Club Representative originally receiving Report:

Name: _____ Role with club/team: _____

Other Club Representatives Notified:

Name: _____ Role with Club: _____

Name: _____ Role with Club: _____

Report filed with (circle): Discipline Secretary Discipline Chair/Committee