

CLUB ACCIDENT REPORT

(PLEASE PRINT)

CALIFORNIA SQUARE DANCE COUNCIL INSURANCE PROGRAM

ASSOCIATION / FEDERATION:

CLUB:

DATE OF ACCIDENT:

LOCATION OF ACCIDENT:

NAME OF PERSON INJURED:

ADDRESS:

EMAIL:

TELEPHONE:

CLUB:

ASSOCIATION:

NATURE OF INJURY:

DESCRIPTION OF ACCIDENT:

TREATMENT GIVEN:

NAME & E-MAIL OF WITNESS:

1.

2.

SIGNED: _____

CLUB OFFICE:

TELEPHONE:

E-MAIL:

Please complete report within 72 hrs. of accident and send to your Association Insurance Chairman.