



# FUTURO

## SOCCER ACADEMY

### Futuro Soccer Academy Incident / Accident Report

Please fill in any applicable areas; provide as much information as possible. When completed, sign and submit the form within 24 hours to Futuro Soccer Academy (sanjeev@pamarsportstraining.com).

- Indicate the type of report:  Incident  Accident
- Site where accident took place: \_\_\_\_\_
- Date and time of accident/ incident: \_\_\_\_\_
- Name of person in charge of session/ competition: \_\_\_\_\_
- Division: \_\_\_\_\_
- Age Group: \_\_\_\_\_
- Names of Futuro Soccer Academy team member(s) involved:  
Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Name: \_\_\_\_\_ Role: \_\_\_\_\_
- Names of persons(s) involved:  
Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Name: \_\_\_\_\_ Role: \_\_\_\_\_
- Name of injured person: \_\_\_\_\_
- Address of injured person: \_\_\_\_\_
- Nature of accident/ incident: \_\_\_\_\_
- Give details of how and precisely where the accident took place.
- Describe what activity was taking place, e.g. training program, getting changed etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Give details of the action taken including any first aid treatment and the name (s) of the first-aider (s).
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Indicate which of the following contacted:  
 Police  
 Ambulance  
 Parent/ Guardian  
 Coach

What happened to the injured person following the accident? (E.g. went home, went to hospital, carried on with session)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signed \_\_\_\_\_ Date: \_\_\_\_\_