

# CLUB ACCIDENT REPORT

(PLEASE PRINT)

## California Council of Square Dancers, Inc. Insurance Program

**ASSOCIATION / FEDERATION:** Northern California Square Dancers Association

**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 OFFICER:**

**TELEPHONE:**

**E-MAIL:**

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