

When, Where, Why & How It Happened

Club Accident Report

| | | | |
|--|---|-----------|------------------|
| State | ALABAMA | | |
| Association/Federation | ALABAMA SQUARE AND ROUND DANCE ASSOCIATION (ASARDA) | | |
| Club | | USDA # | Date of Accident |
| Club Officer | | Telephone | |
| Location of Accident | | | |
| Was the accident reported to the facility where the accident occurred? Yes No | | | |
| Name of Injured Person | | | |
| Address | | | |
| Member of | | Club | |
| Nature of Injury | | | |
| Description of Accident | ----- | | |
| | | | |
| When & Where was treatment given | ----- | | |
| | | | |
| Name & Address of Witness: ----- | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| Signed | | | |
| Telephone | | | |

PLEASE COMPLETE THIS FORM WITHIN 48 HOURS OF AN ACCIDENT AND SEND TO:

Susan Wolford

6000 Wyeth Rock Rd, Guntersville AL 35976

UPON RECEIPT OF THIS ACCIDENT REPORT A CLAIM FORM WILL BE MAILED TO THE CLUB.