



Newbury District Swimming Club

Affiliated to South East Region ASA

Accident / Incident Report Form

Centre Name	
Time and Date of Accident/Incident	
Full Name of swimmer	
Address and post code	
Coach attending	
What caused the swimmer to leave the session and how were they affected? Eg coughing, sore throat, sore eyes	
Did they resume activities?	
Did the problem continue during the hours and/or days after the session? If so for how long?	

Person Completing Form

Full Name	
Position / Relationship to child	
Date	

Please return by email to jan chopkins@gmail.com