



# Winnersh Rangers FC Accident Report Form

This form is to be completed for any accident that occurs during trials, training or match conditions.

Name in full	
Team	
Event	
Place of accident	
Date / Time of accident	
Team official in charge	
Description of events leading to accident	
Immediate steps taken	
Any apparent injuries incurred	
Witnesses	
Name of referee (if applicable)	
Any other comments	

NB: To be completed and sent to the Club's Health and Safety Officer at:  
[health+safety@winnershrangers.com](mailto:health+safety@winnershrangers.com)