

ACCIDENT REPORT FORM

Wigan & Leigh



TEAM:	OPPOSITION:
DATE OF MATCH:	VENUE:
UMPIRE 1:	UMPIRE 2:
INJURED PLAYER:	WITNESSES:
NATURE OF INJURY:	BRIEF DESCRIPTION OF TREATMENT AT COURT:
WAS AMBULANCE USED? YES/NO	TAKEN TO HOSPITAL? YES/NO
FURTHER TREATMENT:	SIGNED LEAGUE SECRETARY:

SEND TO: Jeanette Coulson
Wigan & Leigh Netball League Secretary

E MAIL: secretary.wiganleightnetball@outlook.com