

Bermagui Pickleball Association Inc.



Incident Report

This form is to be completed by the event host or an independent witness, and lodged with Bermagui Pickleball and Bermagui Indoor Stadium where the accident occurred within 24 hours of the incident.

Date of accident: _____ Venue: _____

Time of accident: _____ Suburb/Postcode: _____

Name of Person Injured: _____ Injured Person Contact Number: _____

Description of incident, including the nature of injury:

Actions taken: (e.g. first aid administered, ambulance called)

Host/Witness: _____ Contact Number: _____

Signature: _____ Date: _____