

CLUB ACCIDENT REPORT

(PLEASE PRINT)

CALIFORNIA SQUARE DANCE COUNCIL INSURANCE PROGRAM

ASSOCIATION/FEDERATION **ASSOCIATED SQUARE DANCERS OF SUPERIOR CALIFORNIA**

CLUB DATE OF ACCIDENT

CLUB OFFICER TELEPHONE

LOCATION OF ACCIDENT

NAME OF PERSON INJURED

ADDRESS

TELEPHONE

CLUB/ASSOCIATION

NATURE OF INJURY

DESCRIPTION OF ACCIDENT

WHEN & WHERE WAS TREATMENT GIVEN

NAME & ADDRESS OF WITNESS:

1.

2.

3.

SIGNED

TELEPHONE

FAX

E-MAIL