

Inline Hockey Ireland



Incident Report Form	
Registered Club Name	
Correspondence Address	
Contact Details	
Date and Time of Incident	
Name of Person(s) Injured	
Please confirm if Person(s) Injured are	Employee Volunteer Member General Public
Where did the incident occur?	
If using others facility was confirmation of their insurance obtained?	Yes / No If Yes please include copy
Provide a description of the incident	
Please provide a description of any injuries suffered	
Did injured person attend doctor / hospital	Yes / No
If yes please provide further details	
Please provide names of any witnesses to the incident	
Please provide any further relevant information	
Please provide details of any follow up with the injured party	
Signed By	
Print Name	
Position / Role within Inline Hockey Ireland	
Date	