Harrow Lawn Tennis Club

HLTC
www.hltc.uk

Junior Accident / Incident Form

This form should be completed by the HLTC representative in charge of the session, as soon as possible after any accident / incident, which occurs on court or courtside in the absence of parents (PLEASE WRITE IN CAPITALS)

Date and Time of Accident / Incident:	**Name & Mobile Number of person completing the form:**
Name of Child: **DOB / Age:** **Male / Female***	**HLTC in possession of current registration form:** **YES /NO*** **If No please contact Membership Sec**
Details of Accident / Incident:	**Action Taken:**
Names of significant witnesses: **1.** **2.** **3.** **4.**	**Name of parent / Carer contacted:** **Time contact made:**

I confirm this statement is a true account of the accident / incident which occurred.

Signed_____(HLTC rep). Date_____

NB This form should be returned to HLTC's Welfare Officer, Nitin Munglani (welfareofficer@hltc.uk) Tel: 07949 824353 within 48hrs of the accident / incident.