

Old Softball – North Coast Regional Softball Academy, Incident Report

Private & Confidential

Association - Representing Name
Address
Contact Name (Assoc delegate – secretary)
Contact Address

1. Children Involved

Child 1: Name (Please PRINT)

Child 2: Name (Please PRINT)

Child 3: Name (Please PRINT)

Child 4: Name (Please PRINT)

2. Incident

Centre incident took place:

(Venue) Camp

(Venue) Training Venue

(Venue) Other

Location of incident (e.g. Diamond 1 – Sunshine Coast softball grounds)

Time of incident

Date of Incident

Day	Month	Year

Description of incident:

3. Action

Action taken:

4. Witnesses

Witness 1: Name (Please PRINT)

Tick box above if witness is under the age of 18

Statement taken? No
Yes (please attach)

Witness 2: Name (Please PRINT)

Tick box above if witness is under the age of 18

Statement taken? No
Yes (please attach)

5. Parent Signature

Parent Name	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text"/>
Signature	<input style="width: 100%; height: 40px;" type="text"/>

6. Staff Signature

Staff signature <input style="width: 100%; height: 20px;" type="text"/>	Date <input style="width: 100%; height: 20px;" type="text"/>
PRINT name <input style="width: 100%; height: 20px;" type="text"/>	
Co-ordinator signature <input style="width: 100%; height: 20px;" type="text"/>	Date <input style="width: 100%; height: 20px;" type="text"/>

Office Use Only:

Entered into computer <input type="checkbox"/> (if nec.) p/c for parents <input type="checkbox"/> Filed <input type="checkbox"/> Staff Initial: _____	Action required:
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Privacy Statement: The Queensland Softball Association – North Coast Regional Softball Academy values its members and the individuals who interact with and support us and will continue to protect the personal information which you intrust to us.