

SPRINGWOOD SWIM CLUB
P.O. Box 62, Colonia, NJ 07067 ✦ 732-388-3950

MEMBER/GUEST ACCIDENT REPORT

Name of Injured Person (print)				Adult <input type="checkbox"/>	Child <input type="checkbox"/>
Address					
Telephone # Home				Telephone # Cell	
Date of Injury				Time	
				AM <input type="checkbox"/> PM <input type="checkbox"/>	
Nature of Injury				Part of Body	
Exact Location of Accident					
Cause(s) of Accident					
Was First Aid or Medical Assistance Required? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Explain					
Witnesses (include name, address and phone #)					
Were photos taken of the scene or injury? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Was the pool manager notified? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Comments					
Signature of Injured (or Parent)				Date	
Name of Person Completing Form				Date	
Signature of Person Completing Form				Date	
TO BE COMPLETED BY POOL MANAGER					
Was the Board of Governor's notified? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Was the Insurance Company notified? Yes <input type="checkbox"/> No <input type="checkbox"/>					