



# GRAFTON NETBALL ASSOCIATION

Incident report form - *To be completed at the time of the incident.*

Incident date: \_\_\_\_\_ Incident time: \_\_\_\_\_

Court number: \_\_\_\_\_

Full name of injured person: \_\_\_\_\_ MyNetball ID number: \_\_\_\_\_

DOB: \_\_\_\_\_ Contact number: \_\_\_\_\_

Report of what happened:

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How was injury treated at the netball courts?

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Was an ambulance called? Yes / No

Additional information: *Please indicate where the injury is.*

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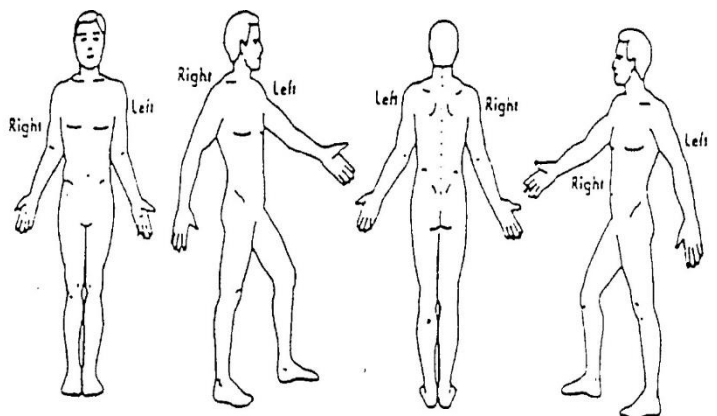
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Executive member name: \_\_\_\_\_

Date: \_\_\_\_\_

Executive member signature: \_\_\_\_\_

Player signature: \_\_\_\_\_