



Please fill in any applicable areas; provide as much information as possible. When completed, sign and submit the form within 24 hours to Ottawa Islamic Soccer League ([info@ottawaisl.ca](mailto:info@ottawaisl.ca)).

• Indicate the type of report: Incident Accident

• Site where accident took place:

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• Date and time of accident/ incident:

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• Name of person in charge of session/ competition:

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• Division:

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• Age Group:

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• Names of Ottawa Islamic Soccer League team member(s) involved:

Name: 

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Role: 

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Name: 

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Role: 

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Name: 

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Role: 

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• Names of persons(s) involved: Name: \_\_\_\_\_

Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_

• Name of injured person: \_\_\_\_\_

• Address of injured person: \_\_\_\_\_

• Nature of accident/ incident: \_\_\_\_\_

• Give details of how and precisely where the accident took place.

• Describe what activity was taking place, e.g. training program, getting changed etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Give details of the action taken including any first aid treatment and the name (s) of the first-aider (s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Indicate which of the following contacted: Police Ambulance Parent/ Guardian Coach What happened to the injured person following the accident? (E.g. went home, went to hospital, carried on with session)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Declaration: I, \_\_\_\_\_ the undersigned, hereby certify all the above facts are a true and accurate record of the incident.

Signed \_\_\_\_\_

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