

ACCIDENT/EMERGENCY REPORTING FORM (UNDER 18)

PERSONAL AND CONTACT DETAILS		
Name		
Address:		
Telephone numbers:	Home	Mobile
WHERE DID ACCIDENT/EMERGENCY OCCUR		
Golf Venue		
Address		
TYPE OF ACCIDENT/EMERGENCY		
DETAILS OF HOW THE ACCIDENT/ EMERGENCY OCCURRED		
ACTION TAKEN		
First Aid/ Hospital		
Parents/Guardian Notified		
Injured Person's Signature		
OLCGA Rep Signature		
Copy sent to CJO		



