



Prospect Lake Soccer Club  
P.O. Box 5000  
4466 West Saanich Rd.  
Victoria, BC. V8Z 3E9  
  
Phone 479-0095  
www.plsc.org

**INCIDENT OR ACCIDENT REPORT**

Date of Incident \_\_\_\_\_ Age group or team \_\_\_\_\_

Incident or Accident occurred at \_\_\_\_\_

Name of person issuing report \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of person being reported \_\_\_\_\_

Relationship to reporter (player, parent, coach, etc.) \_\_\_\_\_

**DESCRIPTION OF THE INCIDENT OR ACCIDENT**

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If more space is needed please continue on the back

Signature of reporter \_\_\_\_\_

*Please mail report to above address, attention Risk Management.*

**OFFICE USE ONLY**

Name of person receiving report \_\_\_\_\_

Date report was received \_\_\_\_\_

Action taken \_\_\_\_\_

Additional action required? \_\_\_\_\_

Signature of PLSC official \_\_\_\_\_