

**The Saratoga Lake Sailing Club
163 Manning Road, Ballston Spa, NY 12020**

Accident Report Form (p.2) (REV. 6/15/2018)

CHARGE PERSON INFORMATION

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE: ()
E-MAIL:	AGE:
ROLE (Coach, assistant, parent, official, bystander, therapist):	

WITNESS INFORMATION (someone who observed the incident and the response, not the charge person)

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE: ()
E-MAIL:	AGE:

OTHER COMMENTS OR REMARKS

FORM COMPLETED BY:

PRINT NAME

SIGNATURE

DATE