

POLOCROSSE ACCIDENT / INCIDENT REPORT

TO BE COMPLETED IN **BLACK PEN**

Please forward to your State Secretary, who will copy and send to National Office

Date: _____ Name of Club Hosting Tournament: _____

Actual Location of Tournament: _____

Player(s) involved/injured & Club(s) _____

Umpire(s) in charge of match: _____

Incident – State what occurred and why: (include a diagram if required) _____

Action taken by Match umpire(s): _____

Playing Surface:

Turf

Sand/Loam

Black/Natural

Other

Comments:

Was Medical assistance required?

FIRST AID

AMBULANCE

HOSPITAL

DOCTOR

Was the horse injured? Specify: _____

What action, if any, was taken against players(s): _____

Was the player able/permitted to continue playing? _____

Match Umpire(s)

Name: _____

Date: _____

Signature: _____

Name: _____

Date: _____

Signature: _____

Please forward a copy of this form to:
Marsh Pty Ltd, PO Box 2637 Adelaide SA 5001
or email to mark.holmes@marsh.com