NOTTINGHAMSHIRE NETBALL ASSOCIATION

PRE-MATCH CHECKLIST 2020/21

This form must be completed before each match by your scorer on instruction by your umpire. It should be sent to the League Secretary along with your score card.

Date………………………….. Time………………………..Court………………………….

Team name ……………………………………………………………………………………..

Opponents ……………………………………………………………………………………..

Umpire …………………………………………………………………………………………..

Court surface and surrounds (please add comments where you have answered no)

* Is the court free of debris? YES / NO
* Is the court in reasonable condition? YES / NO
* Is the perimeter surrounding the court safe? YES / NO
* Are there nets on both goal posts? YES / NO
* Are there protectors on both posts? YES / NO
* Any additional comments

**TELEPHONE NUMBER FOR NUSA 01159 291492**

NOTTINGHAMSHIRE NETBALL ASSOCIATION

ACCIDENT / INJURY RECORD

DATE ……………………………………………

NAME OF PRIMARY CARER ………………………………………………………………………

Name of injured person ……………………………………………………………………………

Team ………………………………………………………………………………………………………..

Description of injury and how it occurred ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

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Treatment administered and / or action taken …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

FOR ANY FUTHER INJURIES, PLEASE USE THE BACK OF THIS SHEET OR A NEW FORM.

NAME OF COVID OFFICER……………………………………………………………………………………..

**Any issues concerning Covid-19**……………………………………………………………………………

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**A DEFIBRILLATOR IS LOCATED BEHIND THE RECEPTION DESK AT NUSA**