

**HARMONY TOWNSHIP ATHLETIC ASSOCIATION  
ACCIDENT CLAIM FORM**

DATE OF ACCIDENT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SPORT: \_\_\_\_\_ TEAM (COACH): \_\_\_\_\_

NAME OF INJURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

EXPLANATION AND EXTENT OF INJURIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

DATE INSURANCE CO. CONTACTED: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDITIONAL INFORMATION NEEDED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**THE WOODLAND GROUP, SPARTA, NJ  
PHONE: 973-383-3421 FAX: 973-383-7606**

**AGENT: MICHELLE  
X-4234**