BOLTON SPORTS FEDERATION Ladies' Hockey League		FIRST NAMED TEAM	Goals scored	SECOND NAMED TEAM	Goals scored
First named team	Second named team				
	-V-				
Date:	Time Started:				
League / Cup: (if cup, which competition)					
Full time score					
Half-time score:					
	UMPIRES				
Name	Name				
Signature	Signature				
CARDS SHOWN -					
If card is yellow or red a written report MUST be submitted to the League		Player of the match - please star *		Player of the match - please star *	
secretary within 48 hours		Captain's signature		<u>Captain's signature</u>	
1					

Name	Card	Team

Return completed Match Cards to:

Moya Ball, 65 Dovedale Road, Bolton, BL2 5HS

**MATCH REPORT** (mandatory to complete in case of any injuries / issues)

## **RISK ASSESSMENT CHECK SHEET**

First named team to complete the risk assessment:

Name of person completing the check:

PLAYING / TRAINING AREAAppropriate entry and exitAdequate emergency services access an exitSafe condition of pitchPitch markings adequateIf NO to any of the above - outline the action taken:	YES		PERSONAL POSSESSIONSIs the surrounding pitch area free from obstaclesAre all players sticks of a safe standardAre goal keepers appropriately attired (chest pads must be covered)Is head gear safeIf NO to any of the above - outline the action taken:	YES	
EQUIPMENT Are goal posts in safe and stable position	YES	NO	Any further relevant safety observations		
Are nets safe and secure Are goal posts seated Is back board in adequate condition Is ball of appropriate colour and condition			Any other action taken		
If NO to any of the above - outline the action taken:			Signed Da	ate:	

This document will be retained by the League and may be referenced in the event of an incident.