BOLTON SPORTS FEDERATION
LADIES ROUNDERS LEAGUE

RISK ASSESSMENT FORM

2024 season

Name of **Home** Team

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Name of **Away** Team

.....

Name of Person doing check

.....

Venue

.....

Date of check

.....

PLAYING / TRAINING AREA

Check that the area is safe and free from obstacles.

Is the area fit and appropriate for the activity? Yes ❑ No ❑

If No, please outline the hazard, who may be at risk and action taken, if any.

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EQUIPMENT
Check that it is fit and sound for activity and suitable for age

group/ability. Is the equipment safe and appropriate for activity Yes ❑ No

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If No, please outline unsafe equipment, who may be at risk and action taken, if any.

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<u>TEAM MEMBERS</u>
Check that members are correctly attired for the activity.

Are the members appropriately attired and safe for activity? Yes ❑ No ❑

<u>If no</u>, please outline unsafe equipment/attire and action taken if any.

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<u>EMERGENCY POINTS</u>
Check that emergency vehicles can access facilities, and a working telephone is available with access to emergency numbers.

Are emergency access points checked and operational? Yes ❑ No ❑ **<u>If</u>**

<u>No</u>, please outline the issues and action taken, if any.

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. Does the team need to take any further action? Yes ❑ No ❑

<u>If Yes</u>, please detail below, inform the Team Secretaries **<u>and record the details on the Match Card.</u>**

<u>We confirm</u> <u>that to the best of our knowledge and belief, each player is registered with the League and is **eligible to play**.</u>

Signed:

Home Captain: .....

Away Captain: .....

Referee: ..... **Date:** .....

<u>COMPLETED FORMS TO BE RETAINED BY</u>

<u>CLUB SECRETARY</u>

<u>UNTIL INSTRUCTED TO DISPOSE OF THEM</u>.