

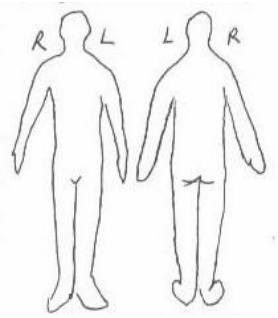
Club Incident Report

Date of incident: _____
Participant Name: _____ Club: _____
Address/City: _____ Phone: _____
Parent Name: _____ Work phone: _____
Facility & City Name: _____ Program Name: _____
Coach at time of incident: _____ Head Coach/Supervisor: _____
Witness: _____ Phone: _____

Describe the incident in detail: _____

Describe the exact location where incident occurred (changeroom, etc): _____

Describe the injury in detail: _____



Other Symptoms: _____

In detail, describe the treatment given: _____

Treated by (name, job title (coach, lifeguard, etc) & phone): _____

Results (check all that apply):

- Participant resumed activity
- Contacted parent/emergency contact & time (who called) _____
- Picked up by _____ (name) _____ (relationship to participant) Phone: _____
- Coach encouraged parent to seek medical attention
- Participant went to hospital by ambulance. If this is the case, ALL information regarding the hospital visit must be attached to this form including a copy of the hospital report, if possible. This is very important.
- Contacted Club President or designate and Head Coach or designate & time (who called whom) _____
- Call-back to participant/parent as further follow-up

If the facility staff complete a report, it is advisable that the club retain a copy for their files. For major incidents or incidents requiring further action, contact Leslie Makins at the Synchro Swim Ontario office.

