INCIDENT REPORT FORM

This form must be completed by a club official at the time of an accident, injury or other incident during a club sanctioned, organized and/or supervised activity. Please forward the form to GymnasticsNL within 2 days of the accident / incident.

Submit Completed form to:
GymnasticsNL
1296 Kenmount Road
Paradise, NL
A1L 1N3
gymnastics@sportnl.ca
Fax: (709) 576-7493

SECTION A: INJURED ☐ GYMNAST ☐ COACH ☐ SPECTATOR ☐ OTHER

First Name:		**Last Name:**	
Address:	**City:**	**Province:**	**PC:**
Phone#:	**DOB (d/m/y):**	**Years of Experience:**	
Name of Coach at Time of Accident:		**Coach Phone #:**	
NCCP#:	**Certification:**		
Witness Name:		**Witness Phone#:**	
Club/Site Name:			

How Long into Training/Event did Injury Occur? ☐ Hours ☐ Minutes

Injury Occurred During: ☐Recreation Practice ☐Competitive Practice ☐Birthday Party ☐ Club Sanctioned Event:

Does the individual suffer from any disability or medical conditions: ☐Yes ☐No ☐Unknown
If Yes, please specify:

SECTION B: DETAILS OF INJURY

Discipline: ☐Men's Artistic ☐ Rhythmic ☐Trampoline ☐ Women's Artistic ☐Other

Event / Location:
☐FIG Approved Equipment ☐ Homemade Equipment
FIG Brand/Type:

Surface (ex: mats, floor, apparatus):

Describe HOW the injury happened and the skill/activity the individual was trying to attempt:

Activity Involved:
☐Stretching/Conditioning ☐ Element Practice ☐ Approach
☐Mount ☐Dismount/Landing ☐ Mid-Routine ☐Spotting
☐Other, Please Specify:

Situation:
☐Fall (slip/trip/pushed/lost balanced) ☐ Missed
☐ Over-rotated ☐ Under-rotated ☐ Collision with Person
☐ Collision with Other Object ☐ Non-Contact Injury
☐ Other, Please Specify:

Injured Body Part:

	☐Head	☐Face	☐Teeth	☐ Neck
☐ Left	☐Forearm	☐Elbow	☐ Hand	☐Finger
☐ Right	☐Shoulder	☐Chest	☐ Abdomen	☐ Spine
☐ Both	☐Buttocks	☐ Hamstring	☐ Thigh	☐ Knee
☐ N/A	☐ Calf	☐ Foot	☐ Ankle	☐ Toe

Nature of Injury:
☐ Sprain/Strain ☐ Dislocation ☐Fracture
☐ Concussion/Head Injury
☐ Other (Please specify):

Injury Classification:
☐ New Injury ☐Re-injury ☐ Acute injury ☐Chronic Injury
☐ Recurrent Injury - Sport ☐Recurrent Injury - Non-Sport
☐ Complication of Prior Injury

Initial Treatment:
☐ RICE (Rest, Immobilize, Cold, Elevate)
☐ CPR ☐Manual Therapy ☐Sling/Splint ☐Wrapping/Taping
☐ Dressing ☐Stretch/Exercise ☐None – Referred Elsewhere

Symptoms:
☐ Shortness of Breath ☐Loss of Feeling
☐ Pain ☐ Dizziness ☐ Loss of Consciousness/Fainting*
☐ Other, please specify:

Disposition:
☐ Self-transport EMS Care On-Site Only Hospital Care
☐ Refused Care
☐ Other, Please Specify:

***All Loss of consciousness or fainting requires IMMEDIATE medical follow up – CALL 911**

Referral:
☐ Family Doctor ☐ Physiotherapist ☐ No Referral
☐ Other, Please Specify:

Clubs should FOLLOW UP after the Incident and Report Results, if applicable:

Date of Injury (d/m/y): **Time of Occurrence: _____:_________(am / pm)**	**Current Date (d/m/y):**
Club Official:	**Signature:**

*Sport Accident Insurance is provided for members registered with GymnasticsNL for "out of pocket medical expenses" due to a sustained injury while participating in a sanctioned activity. Refer to the BFL Claim Form. Claims must be supported by the initial Incident Report. Claims not supported by incident reports will not be considered. ***Please do not forward this form to BFL***
**Any personal information collected on this form is strictly confidential and will not be disclosed to a third party