# 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:** | **Registration #:** | |
| **Address:** | **City:** | **Province:** | **Postal Code:** |
| **Phone#:** | **DOB (d/m/y):** | **Years of Experience:** | |
| **Name of Coach at Time of Accident:** | | **Coach Phone #:** | |
| **NCCP#:** | **Level of Coach Training:** ☐ **Foundations** ☐ **C1** ☐ **C2** ☐ **C3** ☐ **C4** / ☐ **Certified** | | |
| **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<br>If Yes, please specify: | | | |

**SECTION B: DETAILS OF INJURY**

**Discipline:** ☐ Active Start ☐ 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**:

| | | | | |
|---|---|---|---|---|
| ☐ Left | ☐ Head | ☐ Face | ☐ Teeth | ☐ Neck |
| ☐ Right | ☐ Forearm | ☐ Elbow | ☐ Hand | ☐ Finger |
| ☐ Both | ☐ Shoulder | ☐ Chest | ☐ Abdomen | ☐ Spine |
| ☐ N/A | ☐ Buttocks | ☐ Hamstring | ☐ Thigh | ☐ Knee |
| | ☐ 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