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 Gymnastics NL within 2 days of the accident/ incident.

Submit Completed form to:
GymnasticsNL
1296 Kenmount Road
Paradise, NL
A1L 1N3
lfridgen@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 Artistic ☐ Trampoline ☐ Active Start ☐**		
Witness Name:	**C1 WAG/MAG/TG ☐ C2 WAG/MAG/TG ☐ C3 WAG/MAG ☐ C4 WAG/MAG ☐** (check all that apply for training or enter C in box to indicate certified. For C1 and above please specify discipline by circling all those that apply)		
Club/Site Name:			
How Long into Training/Event did Injury Occur? ☐ Hours ☐ Minutes 1			
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: ☐ Active Start ☐ Men's Artistic ☐ Rhythmic ☐ Trampoline ☐ Women's Artistic ☐ Other Summer Camp

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 balance) ☐ 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: headache

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