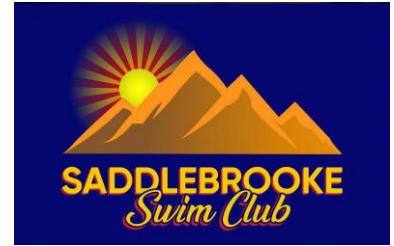


**SaddleBrooke Swim Club  
Coach Incident Report Form**



**Purpose:** This form is to be completed by a coach as soon as possible following any incident involving injury, illness, safety concern, behavioral issue, or other unusual event occurring during a SaddleBrooke Swim Club activity.

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**1. General Information**

- **Date of Incident:** \_\_\_\_\_
  - **Time of Incident:** \_\_\_\_\_
  - **Location (pool, deck, locker room, travel, etc.):** \_\_\_\_\_
  - **Practice / Event Name:** \_\_\_\_\_
  - **Coach Completing Report:** \_\_\_\_\_
  - **Other Coaches or Staff Present:** \_\_\_\_\_
- 

**2. Individual(s) Involved**

*(Attach additional pages if needed)*

- **Name(s):** \_\_\_\_\_
  - **Role:** ☐ Swimmer ☐ Coach ☐ Guest ☐ Volunteer ☐ Other: \_\_\_\_\_
  - **Age (if applicable):** \_\_\_\_\_
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**3. Type of Incident (check all that apply)**

- ☐ Injury (minor)
- ☐ Injury (serious)
- ☐ Medical emergency
- ☐ Safety hazard
- ☐ Behavioral / conduct issue
- ☐ Facility or equipment issue
- ☐ Near miss / close call
- ☐ Other (describe): \_\_\_\_\_

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#### 4. Description of Incident

Provide a clear, factual description of what happened. Include events leading up to the incident and any relevant conditions (weather, pool conditions, equipment, etc.).

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#### 5. Immediate Actions Taken

(check all that apply)

- ☐ Emergency Action Plan (EAP) activated
- ☐ Pool cleared
- ☐ 911 called (remained on line until responders arrived)
- ☐ First aid provided
- ☐ AED retrieved and/or used
- ☐ Individual removed from pool
- ☐ Individual stabilized in place
- ☐ Emergency backpack retrieved
- ☐ Facility staff notified
- ☐ Practice / event paused or stopped
- ☐ Other actions taken (describe): \_\_\_\_\_

Details (include who performed each action):

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#### 6. Outcome

- **Was medical treatment required beyond first aid?** ☐ Yes ☐ No
  - **If yes, describe (EMS transport, hospital, urgent care, etc.):**  

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  - **Was the individual able to return to activity?** ☐ Yes ☐ No ☐ N/A
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#### 7. Notifications

Indicate all parties notified:

- ☐ 911 / Emergency Services
- ☐ Club President
- ☐ Board Member
- ☐ Facility Management
- ☐ Emergency Contact / Family Member
- ☐ HOA / Community Representative
- ☐ Other: \_\_\_\_\_

Date/Time of Notification(s): \_\_\_\_\_

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### 8. Witnesses

List any witnesses to the incident:

Name: \_\_\_\_\_ Contact (if known): \_\_\_\_\_

Name: \_\_\_\_\_ Contact (if known): \_\_\_\_\_

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### 9. Follow-Up Required

- ☐ Medical clearance required before return to swimming
- ☐ Equipment or facility repair needed
- ☐ Policy or procedure review
- ☐ Additional documentation required
- ☐ No further action needed

Details:

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### 10. Coach Statement

I certify that this report is accurate and complete to the best of my knowledge.

- **Coach Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_
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### 11. Administrative Use Only

- **Report Received By:** \_\_\_\_\_
- **Date Received:** \_\_\_\_\_

- **Action Taken / Notes:**

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**Instructions:**

- Activate the Emergency Action Plan immediately for any medical or safety emergency.
- Complete this report as soon as practical following the incident.
- Attach additional pages if necessary.

**Reference:** SaddleBrooke Swim Club Emergency Action Plan (December 2025)