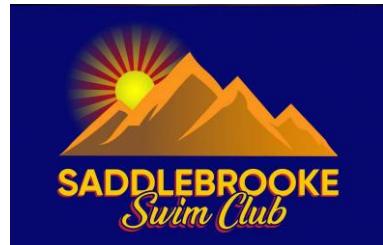


SaddleBrooke Swim Club Coach Incident Report Form



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.

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):** _____

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): _____

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.).

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):

6. Outcome

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

- **Was the individual able to return to activity?** Yes No N/A

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): _____

8. Witnesses

List any witnesses to the incident:

Name: _____ Contact (if known): _____

Name: _____ Contact (if known): _____

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:

10. Coach Statement

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

- **Coach Signature:** _____ **Date:** _____

11. Administrative Use Only

- **Report Received By:** _____
- **Date Received:** _____

• **Action Taken / Notes:**

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)