



## Swim BC- Incident Report

To be completed by coach/ official/ club or facility representative (not parent or injured party). PLEASE REFRAIN FROM USING PERSONAL NAMES IN THE ADDITIONAL DETAIL FIELDS. Indicate "athlete" or "swimmer" instead, as in "swimmer slipped and fell on pool deck" or "athlete's knee was injured."

\*(indicates required field)

### INJURED PARTY INFORMATION

First Name*		Last Name*	
Address*		City*	Province* Postal Code*
Contact Phone (include area code)*		Email*	Gender
Date of Birth (yyyy/mm/dd)	Age	Name of Club (enter UN if unattached)	Swimming Canada ID (if known)

### ACCIDENT INFORMATION

Date of Accident (yyyy/mm/dd)

ACTIVITY AT TIME OF INJURY	WHERE ACCIDENT OCCURRED	SOURCE OF INJURY	ADDITIONAL DETAILS OF ACCIDENT
Meet-Competition Meet-Warm Up Meet- Warm Down Meet- Watching/ Observing Meet- Entering Pool Meet- Walking Meet- Other Practice- Entering/ Exiting Pool Practice- Dryland Practice- Other	Water- Start End Water- Turn End Water- Side Water- Bottom Water- Lane Lines Bleachers- Athlete's Bleachers- Spectator's Deck Starting Blocks Locker Room Team Area Hallway Gym Stairs Outside Venue Other	Slip/ Trip/ Fall Lifting / Straining Foreign Body Struck Against/ Ran into Insect Sting/ Bite Air Quality Other	

### INJURY INFORMATION (please check all that apply)

BODY PART INJURED	SYMPTOM	ADDITIONAL DETAILS OF INJURY
Head- Top Head- Back Head- Side Head- Forehead Face- Eye Face- Ear Face- Nose Face- Cheek Face- Mouth/ Teeth/ Lips Face- Chin Neck Back Chest/ Stomach Arm/ Wrist Hand/ Finger Leg Knee Ankle Foot/ Toe Other	Cut Bruise Sprain Concussion Unconsciousness Fracture Dislocation Swelling Scrape Shortness of Breath Vomiting Burn Seizure Other	



## FACILITY INFORMATION

Facility Name	Swim Club Responsible for the Pool	Pool Type	Indoor Outdoor
Address	City	Province	Postal Code

## FIRST AID INFORMATION

On Site Care Given	Yes	No	
Care Refused by Injured	Yes	No	
Parent/ Guardian Notified	Yes	No	
Taken to Hospital/ Clinic	Yes	No	Unknown

## WITNESSES

Witness #1 Name	Phone	Email
Witness #2 Name	Phone	Email
Activity Meet Supervisor Name	Phone	Email

## REPORT SUBMITTED BY

Name	Phone	Email
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If it is likely that the injured party will make an insurance claim, please ensure that they receive a copy of the Sport BC Accident Claim form and instructions on making claims. These are available on from Swim BC. The claim form must be submitted to Swim BC within 30 days of the incident. Swim BC will forward the form to Sport BC Insurance.

## FOR SWIM BC USE ONLY

Date Received

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