

BC Summer Swimming Association

Report of Accident Occurrence

(Circle one): Personal Injury / Property Damage / Other

Please Print Clearly

Date of Accident: _____ Time of Accident: _____ Name of Club: _____

Name (Legal): _____ BCSSA ID#: _____

Address: _____ City, Prov., P.C.: _____

Date of Birth: _____ Age: _____ Sex: M F Phone: _____

Contact Email: _____

Where did the accident occur? Be specific: _____

Activity: (circle one) Meet/Competition Meet/Warm-Up Practice/Water Practice/Dry-Land Other

Who was the injured party: (circle one) Athlete Coach Official Spectator Volunteer Employee

If other, please explain: _____

Facility Name: _____ City/Prov: _____

Facility Type: INDOOR OUTDOOR Was the activity sanctioned/approved? YES NO

Describe the Accident:

Describe how the Accident Happened:

Affected Body Part (Specify R or L): (please circle) Head/Neck Leg/Foot Ears/Nose/Mouth/Teeth
Knees Shoulder Torso Internal Other

If other, please explain: _____

Describe the Injury: _____

On Site Care Given by: (circle) Coach Parent EMT/Paramedic Facility Staff: _____
Name of person giving care

Care Given on Site: (circle) Ice Immobilized Bandage Cleaned Other: _____

Care Refused by Injured: (circle) YES NO

If yes, Signature of Injured or Guardian if under 18 years of age: _____

Parent/Guardian notified: (circle) YES NO Comment: _____

Taken to Clinic/Hospital: (circle) YES NO If yes, Location: _____

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BC Summer Swimming Association
Witness Report – Accident Occurrence

Date: _____

Please Print Clearly

Name of Witness: _____ Date of Birth: _____

Address: _____ City, Prov., P.C.: _____

Sex: M F Phone: _____ Contact Email: _____

Nature of the injured party: (circle one) Athlete Coach Official Spectator Volunteer Employee

Name of Injured Person: _____

Club: _____

Affected Body Part (Specify R or L): (please circle) Head/Neck Leg/Foot Ears/Nose/Mouth/Teeth
Knees Shoulder Torso Internal Other

On-Site Care: On-Site Care Only Refused Care Sent to Hospital? YES NO

Where did the accident occur? Be specific: _____

Activity: (circle one) Meet/Competition Meet/Warm-Up Practice/Water Practice/Dry-Land Other

Was the activity sanctioned/approved? YES NO

Describe how the accident happened: (attach page if necessary)

Signature: _____
(Parent/Guardian if under 18 years of age)

Date: _____