BC Summer Swimming Association

Report of Accident Occurrence

(Circle one): Personal Injury / Property Damage / Other Please Print Cl	<u>early</u>
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:	
**************************************	****
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	loyee
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 Oth	er
If other, please explain:	
Describe the Injury:	_
On Site Care Given by: (circle) Coach Parent EMT/Paramedic Facility Staff:	
Care Given on Site: (circle)	
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 Clinia (Heavital, Jairela)	
Taken to Clinic/Hospital: (circle) YES NO If yes, Location:	

Occupation: (circle one) Employe	ed Full Time	Employed Part T	ime Unemployed	Student			
Do you have provincial Health Cover	age? YES	NO Do y	ou have other insurance?	YES NO			
********	******	*****	*******	******			
Please include names of two (2) witnesses and attach the completed witness reports:							
Name		Name					
Activity Supervisor (coach, club rep,	etc.):Name		Phone				
Report Submitted By:	 Name		Phone				
Club President Name & Signature	e:						
ŭ	Name		Signature				

Club President is responsible for returning completed form within 7 days to the Regional Dir. & BCSSA.

How to Submit the Report of Occurrence Form

How is BCSSA notified when an accident occurs? The report of Accident Occurrence form, supplied to all clubs and by posting it on the website, is used for this purpose. It is important to notify both BCSSA and our insurer, if necessary, of accidents, however minor, and potential claims.

A Report of Accident Occurrence form should be completed any time an injury occurs at a BCSSA or member club sanctioned function, whether or not it involves a BCSSA member. Injuries involving spectators should also be reported. The form should be filled out by a meet manager or by a club executive member responsible at the time of the incident; the parents of the injured athlete should **NOT** be asked to complete this form.

Once BCSSA receives the report, information about the incident will be kept securely by BCSSA for future safety education and insurance references.

Copies of the completed report should be sent to the Regional Director and BCSSA Provincial Office.

NOTE: Witness Reports MUST be completed

The Report of Accident Occurrence forms keep BCSSA informed of potential claims. If the accident is of a serious nature, the BCSSA confers with its insurer and further investigation of the incident may be initiated.

Complete the form below and fax to: 604-473-9660 and then also please mail a copy to the BCSSA Office.

 $\frac{\textbf{BC Summer Swimming Association}}{Witness\ Report-Accident\ Occurrence}$

Date:		<u>Please Print Clearly</u>
Name of Witness:	Date of Bi	rth:
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): (pleas	circle) Head/Neck Leg/Foo	ot Ears/Nose/Mouth/Teeth
	Knees Shoulde	er Torso Internal Other
On-Site Care: On-Site Care Only	efused Care Sent	to Hospital? YES NO
Where did the accident occur? Be specific:		
Activity: (circle one) Meet/Competition	Meet/Warm-Up Practice/Wa	ter Practice/Dry-Land Other
Was the activity sanctioned/approved?	YES NO	
Signature:	Date:	

(Parent/Guardian if under 18 years of age)