

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: _____

HEALTH INSURANCE INFORMATION: *This must be completed in full or form processing will be delayed

Occupation: (circle one) Employed Full Time Employed Part Time Unemployed Student

Do you have provincial Health Coverage? YES NO Do you 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: _____

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 email to: office@bcsummerswimming.com and then also please mail a copy to the BCSSA Office.

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: _____