

RAPPAHANNOCK SWIM LEAGUE, INC. ACCIDENT / INCIDENT REPORT

LOCATION: _____ DATE: _____ TIME: _____

INJURED PERSON(S): swimmer _____ coach _____ volunteer _____ guest/spectator _____ other _____

INJURED PERSON(S) LEGAL NAME: _____ AGE: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ TELEPHONE: _____

PARENT'S NAME: _____ NOTIFIED: ____ YES ____ NO

If no explain: _____

NATURE AND CAUSE OF ACCIDENT/INCIDENT: (Indicate injured body part & Right or Left)

Additional Comments: _____

Location of Accident / Incident : in water ____ on blocks ____ on deck ____ outside pool ____ locker room ____

on bleachers ____ other (specify) _____

Who gave on site care: lifeguard _____ coach _____ parent _____ EMT _____ other (specify) _____

Type of care given on site: ice _____ immobilization _____ cleaned _____ bandaged ____ other (specify) _____

RESCUE SQUAD CALLED? _____ NAME OF REPORTING SQUAD: _____

TAKEN TO: (Name/Location) _____

ATTENDING PHYSICIAN: _____

POLICE NOTIFIED? _____ NAME OF OFFICER/INVESTIGATOR: _____

Copy of Report obtained? _____ Witnesses: (**Record FULL NAME, Address, Telephone Number & remarks on back**)

1. _____ 2. _____ 3. _____

HEAD COACH: _____ RSL INC. REP: _____

PREPARED BY: _____ REMARKS: _____

Signature _____ Date: _____

INSTRUCTIONS: The RSL Representative is responsible for returning the completed form to the RSL President. Please attach any additional accident or incident reports (witness statements, facility/police report, etc.). Use the back of this page if more space is needed for details.