

# Gymnastics BC - Sport incident report form

Please complete both pages of this form in full (one per incident) and submit to Gymnastics BC within 48 hours of the incident. Only currently registered Gymnastics BC members are covered by the Accident Insurance Policy (birthday party and other one-time participants are NOT covered).

## Injured individual information

Role: <input type="checkbox"/> Gymnast <input type="checkbox"/> Coach <input type="checkbox"/> Judge <input type="checkbox"/> Spectator/Parent <input type="checkbox"/> Other:		Gymnast level: <input type="checkbox"/> (Rec) parent & tot <input type="checkbox"/> (Rec) preschool <input type="checkbox"/> (Rec) school age <input type="checkbox"/> (Rec) other: <input type="checkbox"/> (Comp) level:		Date of incident:
Last name:		First name:	Age:	Years of experience: <input type="checkbox"/> 1 <input type="checkbox"/> 2-3 <input type="checkbox"/> 4-9 <input type="checkbox"/> 10+
Address:			City:	Postal code:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Daytime phone #:	Other phone #:	Email:	

## Club information

Club name:		Phone #		
Address:		City		Postal code:
Supervising coach:		Location of incident (if other than club):		Meet director (if applicable)

## Injury details

Injured body part:		Type of injury: <input type="checkbox"/> Sprain <input type="checkbox"/> Fracture <input type="checkbox"/> Concussion <input type="checkbox"/> Other:		Side: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/> NA	
Time of injury: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		How long into training or event: hours      minutes		Occasion: <input type="checkbox"/> practice/training <input type="checkbox"/> birthday party <input type="checkbox"/> club sanctioned event <input type="checkbox"/> club non-sanctioned event	
Activity: <input type="checkbox"/> stretching/conditioning <input type="checkbox"/> element practice <input type="checkbox"/> approach <input type="checkbox"/> mount <input type="checkbox"/> mid-routine <input type="checkbox"/> dismount/landing <input type="checkbox"/> spotting		Situation: <input type="checkbox"/> fall (slip, trip, pushed, lost balance) <input type="checkbox"/> over-rotated <input type="checkbox"/> under-rotated <input type="checkbox"/> missed, other <input type="checkbox"/> collision with person <input type="checkbox"/> collision with:		Surface: <input type="checkbox"/> n/a <input type="checkbox"/> mat <input type="checkbox"/> between mats <input type="checkbox"/> pit <input type="checkbox"/> edge of pit <input type="checkbox"/> floor <input type="checkbox"/> wall	
				Event/location: <input type="checkbox"/> parallel bars <input type="checkbox"/> uneven bars <input type="checkbox"/> horizontal bar <input type="checkbox"/> balance beam <input type="checkbox"/> rings <input type="checkbox"/> trampoline <input type="checkbox"/> pommel horse <input type="checkbox"/> double mini trampoline <input type="checkbox"/> vault <input type="checkbox"/> rhythmic <input type="checkbox"/> floor exercise <input type="checkbox"/> FIG approved equipment Brand/type:	

Please provide details on how the incident happened (include any special or unusual circumstances related to the incident):

**What skill was being attempted at the time of the incident?**

**What progressions were taught before the gymnast attempted the skill?**

**Was spotting (or other aids) used?**

**What precautions were taken to prevent the incident?**

### Action taken

<input type="checkbox"/> Onsite care provided	By whom:	Phone #
<input type="checkbox"/> Ambulance called		

Describe:

Name of hospital / clinic (if applicable)	Transported by:
When was parent informed:	Informed by: <input type="checkbox"/> Coach <input type="checkbox"/> Staff <input type="checkbox"/> Report <input type="checkbox"/> Other:

### Witnesses

Witness #1 name:	Phone #	Role:
Witness #2 name:	Phone #	Role:
Witness #3 name:	Phone #	Role:
Witness #4 name:	Phone #	Role:

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

Please note that All Sport Insurance requires original receipts for incident related expenses.

### Submitted by

Name:	Role:
Daytime phone #:	Other phone #:
Signature:	Date:

### For GBC use only

Date received:	Date processed:
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