



SPORT INCIDENT REPORT FORM

Please complete both pages of this form in full (one per incident) and submit to
Regan Bint - [Manitoba Gymnastics](http://ManitobaGymnastics.com) within 20 days of the incident along with the GameDay Claim Form.

Injured Individual Information					
Role:	Gymnast	Coach	Judge	Other	
Gymnastics Level:			Years of Experience:		
First Name:		Last Name:		Date of Birth: (mmm-dd-yyyy)	
Address:		City:		Postal Code:	
Phone #:			Email:		

Club Information			
Club Name		Location of Incident	
First and Last Name of Coach Responsible for Participant		First and Last Name Supervising Coach	

Injury Details					
Body Part Injured:		Time of Incident: (hour:minute)	AM PM	Date of Incident: (mmm-dd-yyyy)	
Side:	Left	Right	Both	N/A	
Type of Injury:	Sprain	Fracture	Concussion	Other	
How long into Training:	_____ Hours _____ Minutes	Occasion:	Practice/ Training	Birthday Party/ Drop In/Field Trip	Other
Activity:	Stretching/Conditioning	Element Practice	Approach	Mount	Mid-Routine
	Dismount/Landing	Other			
Situation:	Fall	Over-Rotated	Under-Rotated	Collision with Person	Other
Surface:	Mat	Pit	Floor	Wall	Other
Event:	Parallel Bars	Horizontal Bar	Rings	Pommel Horse	Vault
	Floor Exercise	Uneven Bars	Balance Beam	Trampoline	Double Mini Trampoline
	Other				

Please provide details on how the incident happened (include any special or unusual circumstances related to the incident):			
<ul style="list-style-type: none"> - 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:	On-Site Care Provided	Ambulance Called Yes No	Other
Name of Hospital/Clinic		When was the parent informed of the incident?	
Whom was the Parent Informed By?	Coach	Staff	Other
Witness #1 Name:		Role:	
Phone #:		Email:	
Witness #2 Name:		Role:	
Phone #:		Email:	
Witness #3 Name:		Role:	
Phone #:		Email:	

Submitted By		
Name:		Role:
Phone #:		Email:
Signature:		Date: (mmm-dd-yyyy)

Internal MGA Use Only:

Date Received:

Injured - Registered Member Verified: Yes No

Coach - Registered Member Verified: Yes No

Coach NCCP #:

Supervising Coach- Registered Member: Yes No

Verified: Supervising Coach NCCP #:

Date Processed:

Processed By: