USA SWIMMING Report of Occurrence

	njury/Property Damage		
(Please Print Clearly) Date of Incident:	Time of Incident:	LSC:	Name of Club:
			☐ Guest/Spectator ☐ Other:
Name (Legal):		U	JSA Swimming ID#:
ddress: City/State/Zip:			
Date of Birth:	Age: Sex: □ M □	F Phone: (_)
Where did the incident of Activity:	occur?:	On Blocks [List) Meet/Warm dov	Locker Room Bleachers Hallway Stairs Other
Facility Type: Indoor	r 🗖 Outdoor		ity/State:
Affected Body Part (Spe			s/Nose/Mouth/Teeth
Describe the Injury:			
On Site Care Given by:	☐ Coach ☐ Parent ☐ EMT/Parame	edic 🗖 Facility S	Staff:
Care Refused by Injured	l: □ Yes □ No		r:
Parent/Guardian notified	l: •No •Yes Comment?		
Taken to Clinic/Hospita	l: □No □Yes If yes, location: _		
Please include names an	d phone numbers of two (2) witnesse	es: (If others, lis	st on reverse)
Name	Address		Phone
Name	Address		Phone
Activity Supervisor: _		()	()
Report Submitted By: _	Please print Please print	()	aytime Phone Evening Phone ()
	riease print		aytime Phone Evening Phone
Club Domann 1/Cl-1 C	ofoty Coordinator in		te Report was submitted:
USA Swimming	•	or returning co Management S	ompleted form immediately following incident to: Services, Inc. and: LSC Safety Chairman

USA Swimming Risk Management Department 1 Olympic Plaza Colorado Springs, CO 80909 FAX: (719) 866-4050 Risk Management Services, Inc. P. O. Box 32712 Phoenix, AZ 85064-2712 FAX: (602) 274-9138 and: LSC Safety Chairman c/o Steve Woolfolk 1043 Almond Drive Vinton, VA 24179 (540)-890-6160 woolfolks@aol.com