

GWINNETT SWIM LEAGUE ACCIDENT REPORT

(Keep report at least 2 years and attach a copy of the liability statement)

DATE OF ACCIDENT: _____ TIME OF ACCIDENT: _____

NAME OF INJURED PERSON: _____

ADDRESS: _____

PHONE: _____ GENDER: _____

SCHOOL GRADE: _____ AGE: _____

NAME OF SWIM TEAM: _____

DESCRIBE THE ACCIDENT: _____

DESCRIBE THE INJURY: _____

ACCIDENT LOCATION:
STREET ADDRESS: _____

WHERE AT LOCATION DID INJURY OCCUR? _____

WHEN DID INJURY OCCUR?

During practice _____ Meet _____
During travel to or from practice _____ Meet _____

NAME OF WITNESSES:

NAME: _____ PHONE: _____
NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

TREATMENT PROVIDED: _____

PERSON PROVIDING TREATMENT:

NAME: _____ PHONE: _____

REPORT SUBMITTED BY:

NAME: _____ PHONE: _____