SPORT INJURY REPORT FORM

This form should be completed by a club official at the time of an accident, injury or other incident during a club sanctioned, organized and/or supervised activity. Please forward the form to Gymnastics Ontario within 2 days of the accident/incident.

SUBMIT COMPLETED FORM TO:
Gymnastics Ontario
2950 Keele Street, Suite #202
Toronto, ON M3M 2H2
info@gymnasticsontario.ca
Fax: (647) 344-4816

SECTION A: INJURED

☐ GYMNAST ☐COACH ☐SPECTATOR ☐OTHER

First Name: Last Name: GO#:

Address: City: Prov: PC:

Phone #: DOB (yyyy/mm/dd): Years of Experience:

Name of Coach at time of accident: Coach Phone #:

NCCP#: Certification: Coach GO#:

Witness Name: Witness Phone #:

Club/Site Name:

How long into training/event did injury occur? Hours Minutes

Injury Occurred During: ☐ Recreational Practice ☐ Competitive Practice ☐ Birthday Party ☐ Club Sanctioned Event: _____

SECTION B: DETAILS OF INJURY

Discipline: ☐ Aerobic ☐ Acrobatic ☐ Men's Artistic ☐ Rhythmic ☐ Trampoline ☐ Tumbling ☐ Women's Artistic

Event/Location:
☐ FIG Approved Equipment ☐ Homemade Equipment
FIG Brand/Type:

Surface (ex. Mats, floor, apparatus):

Describe HOW the injury happened and the skill/activity the individual was trying to attempt

Activity Involved:
☐ Stretching/Conditioning ☐ Element Practice ☐ Approach
☐ Mount ☐ Dismount/Landing ☐ Mid-Routine ☐ Spotting
☐ Other, please specify: _____

Situation:
☐ Fall (slip/trip/pushed/lost balance) ☐ Missed
☐ Over-rotated ☐ Under-rotated ☐ Collision with person
☐ Collision with other object ☐ Non-contact injury
☐ Other, please specify: _____

Injured Body Part:

☐ Left	☐ Forearm	☐ Elbow	☐ Hand	☐ Finger
☐ Right	☐ Shoulder	☐ Chest	☐ Abdomen	☐ Spine
☐ Both	☐ Buttocks	☐ Hamstring	☐ Thigh	☐ Knee
☐ N/A	☐ Calf	☐ Foot	☐ Ankle	☐ Toe

Nature of Injury:
☐ Sprain/strain ☐ Dislocation ☐ Fracture
☐ Concussion/head injury ☐ Other, please specify:
_____

Injury Classification:
☐ New injury ☐ Re-injury ☐ Acute injury ☐ Chronic injury
☐ Recurrent injury sport ☐ Recurrent injury non-sport
☐ Complication of prior injury

Initial Treatment:
☐ RICE (Rest, Immobilize, Cold, Elevate)
☐ CPR ☐ Manual Therapy ☐ Sling/splint ☐ Wrapping/taping
☐ Dressing ☐ Stretch/exercise ☐ None - referred elsewhere

Symptoms:
☐ Shortness of breath ☐ Loss of feeling
☐ Pain ☐ Dizziness ☐ Loss of consciousness/fainting*

Disposition:
☐ Self-transport ☐ EMS care ☐ On-site only ☐ Hospital care
☐ Refused care ☐ Other, please specify: _____

*** All loss of consciousness or fainting requires IMMEDIATE medical follow up – CALL 911**

Referral:
☐ Family doctor ☐ Physiotherapist ☐ No referral
☐ Other, please specify: _____

☐ Other, please specify: _____

Clubs should FOLLOW UP after the incident and report results, if applicable.

Date of Injury:	**Current Date:**
Club Official:	**Signature:**

*Sport Accident Insurance is provided for members registered with Gymnastics Ontario for "out of pocket medical expenses" due to a sustained injury while participating in a sanctioned activity. Refer to the GameDay Sport Accident Claim Form (gymnasticsontario.ca/forms).
**Any personal information collected on this form is strictly confidential and will not be disclosed to a third party.
*** Please do not forward this form to Arthur j Gallagher Canada Limited

Gallagher