

# CURLING ACCIDENT REPORT (2018-19)

Please have a club member complete the following form when an accident occurs in your club. This form is to be used for those injuries that require medical attention other than basic first aid. **NOTE:** This is **NOT a claim form.**

Accident occurred during: ☐ League ☐ Training Session (e.g., open house, learn-to-curl class)  
☐ Bonspiel ☐ Playdown or Championship Event  
☐ Ice Prep ☐ Other \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Name of Injured: \_\_\_\_\_  
Time of Accident: \_\_\_\_\_ Club Affiliation: \_\_\_\_\_  
Club Name: \_\_\_\_\_ Injured Address: \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_ Injured Phone #: \_\_\_\_\_  
Facility Phone #: \_\_\_\_\_ Email (required): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Signed Waiver: Yes \_\_\_\_\_ No \_\_\_\_\_

Please mark the body part(s) of the injury:

Head/Neuro \_\_\_\_\_ Neck \_\_\_\_\_ Back \_\_\_\_\_ Arm \_\_\_\_\_ Shoulder \_\_\_\_\_ Torso \_\_\_\_\_ Knee \_\_\_\_\_ Leg \_\_\_\_\_ Ankle \_\_\_\_\_ Foot \_\_\_\_\_  
Other \_\_\_\_\_

Describe injury in detail (e.g. open wound, sprain, strain, fracture, etc.): \_\_\_\_\_

How did accident occur? \_\_\_\_\_

Opinion of cause of injury: \_\_\_\_\_

Describe First Aid rendered? \_\_\_\_\_

Who rendered First Aid? \_\_\_\_\_ Are they certified? \_\_\_\_\_

Was the injured party taken to hospital? Yes \_\_\_\_\_ No \_\_\_\_\_ By whom? \_\_\_\_\_

How did the injured party leave the facility? \_\_\_\_\_

Will or has the injury required surgery? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_ If so, please advise when? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing Form & Role in Club/Event (Print)  
(e.g., Club Member, Club President, Training Coordinator, Event Umpire, etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please keep this form for your records and to produce should a claim or lawsuit be filed regarding this incident.**