



# JSL Injury and Incident Report Form

(Please Print Clearly)

Submit Original to JSL President  
Make and Retain a Copy at Facility

## Injury Report (First Two Pages)

### INJURED PERSON

First Name Last Name (legal) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone Including Area Code (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ JSL Team \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth    /   /    Age \_\_\_\_\_  
mm / dd / yyyy

Is injured covered by health insurance? \_\_\_\_\_ Policy ID \_\_\_\_\_

Name of Insurance \_\_\_\_\_

### ACCIDENT DETAILS

Date & Time of Accident    /   /       :    Injured's Team Affiliation \_\_\_\_\_  
mm / dd / yyyy hr:min AM/PM

Was injured person a swimmer, coach, lifeguard, volunteer, spectator, or other?  
Please circle above and explain if "other" \_\_\_\_\_

Location of Accident (Pool Name if at Pool) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State VA Zip \_\_\_\_\_

Facility Phone Including Area Code (\_\_\_\_) \_\_\_\_\_

Facility Contact Person \_\_\_\_\_

Where did accident occur? \_\_\_\_\_  
(Examples = in water, deck, blocks, locker room, bathroom, bleachers, hallway, stairs, etc.)

What was the injured doing? \_\_\_\_\_  
(Examples = swimming, walking, running, jumping, climbing, fighting, sitting, etc.)

Description of Accident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Affected Body Part of Injured (including side of body)** \_\_\_\_\_  
(Examples = left side of head, left arm, right wrist, left thumb, right leg, right knee, left ankle, stomach, etc.)

**Description of Injury** \_\_\_\_\_

**FIRST AID INFORMATION**

**Was on-site care given?** \_\_\_\_\_ **Was care refused by injured?** \_\_\_\_\_

**Parent / Guardian Notified?** \_\_\_\_\_ **Taken to Hospital / Clinic?** \_\_\_\_\_

**Comments** \_\_\_\_\_

**CONTACT INFORMATION FOR TWO WITNESSES**

**Witness 1**

**First Name Last Name (legal)** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contact Phone Including Area Code (\_\_\_\_)** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ **JSL Team** \_\_\_\_\_

**Witness 2**

**First Name Last Name (legal)** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contact Phone Including Area Code (\_\_\_\_)** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ **JSL Team** \_\_\_\_\_

**INJURY REPORT SUBMITTED BY**

**Position** \_\_\_\_\_ **Date** \_\_\_\_\_  
Mm / dd / yyyy

**First Name Last Name (legal)** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contact Phone Including Area Code (\_\_\_\_)** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ **JSL Team** \_\_\_\_\_

**Signature** \_\_\_\_\_

# INCIDENT REPORT

## LOCATION OF INCIDENT

Facility Name or Location \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State VA Zip \_\_\_\_\_

Location Phone Including Area Code (\_\_\_\_) \_\_\_\_\_

E-mail Address (if available) \_\_\_\_\_

## INCIDENT DETAILS

Date & Time of Incident \_\_\_\_/\_\_\_\_/\_\_\_\_ Location Team Name \_\_\_\_\_  
mm / dd / yyyy hr:min AM/PM

Where did incident occur? \_\_\_\_\_  
(Examples = in water, deck, blocks, locker room, bathroom, bleachers, hallway, stairs, etc.)

Description of incident including pertinent names, property damage, loss, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was anyone injured as a result of this incident? \_\_\_\_\_

If answer is YES, fill out injury details on first two pages.

## INCIDENT REPORT SUBMITTED BY

Position \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mm / dd / yyyy

First Name Last Name (legal) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone Including Area Code (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ JSL Team \_\_\_\_\_

Signature \_\_\_\_\_