

Amity Township Athletic Club, Inc.

ACCIDENT/INCIDENT REPORT FORM

I. What must be reported on this Accident/Incident Report Form?

The Amity Township Athletic Club, Inc. (hereinafter referred to as the “AC”) REQUIRES that all significant injuries, illnesses, safety concerns (unsafe conditions) and/or violations of the AC’s Code of Conduct be reported on this form and delivered to the AC representative, as designated below, within 24 hours of the accident/incident without exception.

“Significant injuries” shall include, but are not limited to, death, severe burns, head injuries (lacerations, concussions), fractures, severe lacerations, any treatment by paramedics or similar emergency service, any medical condition requiring the attention of a life guard or swimming pool personnel at the AC swimming pool and/or any injury requiring hospitalization any of which having occurred on AC property.

II. Who must prepare this Accident/Incident Report Form?

It is MANDATORY that any and all Amity Township Athletic Club, Inc. Employees and/or Volunteers (including, but not limited to coaches, referees, snack bar attendants, grounds maintenance personnel and AC Board Members and Officers) complete this Accident/Incident Report Form immediately upon learning of an Accident/Incident subject to the reporting requirements as set forth above.

III Where should this Accident/Incident Report Form be filed?

(1) Immediately upon learning of a qualifying Accident/Incident, a verbal report MUST be called in to the current sport commissioner of the involved sports program (i.e. soccer commissioner, etc.) or to the current pool manager if the accident/incident took place within the swimming pool facility gates. (2) Once this Accident/Incident Report Form is completed in its entirety, it MUST be filed with the following individual within 24 hours of learning of the accident/incident:

Karen LeBlanc
Amity Township Athletic Club, Inc. – Recording Secretary
306 West Welsh Drive
Douglassville, PA 19518
Phone: (610) 906-9979

Failure to comply with these Accident/Incident Reporting guidelines will result in disciplinary action which may include, but is not limited to: employment termination and/or termination of any and all volunteer positions.

IV **Injury Report** – *complete if incident involved as “significant injury”*

Date and Time of Injury: _____

Name of Injured: _____

Parent/Guardian of Injured: _____

Address of Injured: _____

Date of Birth: _____ Male -or- Female

Name of person in charge of area (coach, referee, etc.) _____

Site where injury occurred: _____

Nature of incident and extent of injury: _____

Provide full details of how and where incident took place: _____

Give full details of action taken and by whom: _____

Were any of the following contacted:

Police – *If yes, provide name of officer:* _____

- Ambulance – *If yes, provide name of service:* _____
- Parent/Guardian – *If yes, who was contacted:* _____

What happened to the injured person after the injury: _____

Names of any Amity Township Athletic Club, Inc. employees and/or volunteers involved with the injury and/or treatment:

Signed

Dated

V. **Incident Report** – *Complete for all incidents not involving “significant injury” – for purposes of this section, “Incident” shall include unsafe conditions and violations of the Code of Conduct.*

Date and time of Incident: _____

Location of the Incident: _____

Who reported the Incident (*include name, address and phone*):

Identify any AC employees and/or volunteers involved with the Incident:

Identify the parties involved in the Incident by name and address, if possible, and by description:

Provide a detailed description of the Incident: _____

How was the Incident resolved: _____

Where the authorities (police, etc.) summoned: _____

Were there injuries? If yes, describe: _____

Does the Incident involve an unsafe condition? If yes, explain: _____

Signed

Dated

RETURN THIS FORM TO THE AMITY TOWNSHIP ATHLETIC CLUB, INC.

*DESIGNEE AS SET FORTH IN SECTION III, ABOVE, WITHIN 24 HOURS OF THE
INJURY/INCIDENT*