Incident Report – Swim Alberta Association

Date & Time of Incident: _____

Nature of Incident: _____

Location: _____

Injuries (describe incident, who was involved & the extent of injuries): _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Club name:_____

Coach in charge: _____ Email: _____

Coach Signature: _____

Report prepared by: _____

Contact person: _____ Email: _____