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