



SPORT INJURY REPORT FORM

This form should be completed at the time of an accident, injury or other incident

SUBMIT COMPLETED FORM TO: ALBERTA BICYCLE ASSOCIATION 11759 Groat Rd, Edmonton AB T5M 3K6 Fax: Email: info@albertabicycle.ab.ca

SECTION A: PERSON INJURED

- CYCLIST SPECTATOR COACH VOLUNTEER

First Name: Last Name: Contact # Address: City: Province: Year of Birth:

Club or Event Name:

Time of Injury:

Location of Incident:

Activity: ENVIRONMENT: Surface: Weather Conditions:

FORM COMPLETED BY: WITNESS NAME: CONTACT #: WITNESS PHONE NUMBER:

PLEASE COMPLETE SECTION "A" ABOVE IN FULL AND AS MUCH OF SECTION "B" BELOW AS POSSIBLE

SECTION B: DETAILS OF INJURY

Years of Experience: Type of Activity:

Body Part (s) Injured: Diagrams of human body with injury markers for Front and Back views.

Subject Involved: Height (cm): Weight (kg):

Cause of Injury (Collision):

Injured Person's Action Pre-Injury:

Initial Treatment:

Injury Classification:

Care:

Nature of Injury:

All loss of consciousness or fainting requires IMMEDIATE medical follow-up

FOLLOW UP:

Signature: Current Date: