

North York Aquatic Club

875 Morningside Avenue, Suite 2032 Toronto, Ontario, M1C 0C7

Phone:416-283-8894, Email: info@nyacswimming.ca

Incident Report

pocation: pach/Coaches: ame of Swimmer: pan Details ate: Ting eported by: 1/EMS CalledYes escription: Behavior > Discipline Action escribe:	ne:No	_YesNo
nme of Swimmer: on Details ate: Eported by: 1/EMS CalledYes escription: Behavior > Discipline Action	No	
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Behavior > Discipline Action	n needed:	_YesNo
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escribe:		
SCHIDE.		
injury > First Aid Given:	Yes	No
escribe:		
itness(es): Names:		
Yes No		
103110		
llow up action to be taken a	fter incident.	Please check and date when
mpleted.		
a Office informed		Dato
Office informed		Date:
 Head Coach Informed 		Date:
Head Coach InformedFacility notified if neede	ed	Date: Date:
 Head Coach Informed 	ed	Date: Date: Date: