



BRIDLEWAVES SWIMMING INCIDENT REPORT

*To be completed by Head Coach, Assistant Coach, Board Member, or facility representative (lifeguard on duty) – not the injured party or a parent/guardian thereof.
PLEASE REFRAIN FROM USING PERSONAL NAMES IN THE ADDITIONAL DETAIL FIELDS.
Indicate "athlete" or "swimmer" instead, as in "swimmer slipped and fell on pool deck"*

INJURED PARTY INFORMATION

First name (legal) _____ Last Name (legal) _____

Address _____

City _____ State _____ Zip _____

Contact Phone _____ *Include area code*

Email address _____

Gender _____ Date of Birth (mm/dd/yyyy) _____

Team Member Yes / No

Community Member Yes / No

ACCIDENT INFORMATION

Date of Accident _____ Time of Accident _____

Activity at time of Accident

☐ Practice – Entering /
Exiting Pool

☐ Practice – In Pool

☐ Practice – On Deck

☐ Practice – Other

☐ Other _____

☐ Meet – Warm Up

☐ Meet – Competition

☐ Meet – Observing /
Watching on Deck

☐ Meet – Other



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ACCIDENT INFORMATION (continued)

Where Accident Occurred

<input type="checkbox"/> Water – Start End	<input type="checkbox"/> On Deck – Team Area
<input type="checkbox"/> Water – Turn End	<input type="checkbox"/> On Deck – Tent Area
<input type="checkbox"/> Water – Side	<input type="checkbox"/> On Deck – Sitting Area
<input type="checkbox"/> Water – Bottom	<input type="checkbox"/> On Deck – Other
<input type="checkbox"/> Water – Lane Lines	<input type="checkbox"/> Bathrooms
<input type="checkbox"/> Outside Pool Area	<input type="checkbox"/> Other _____

Source of Injury

<input type="checkbox"/> Slip / Trip / Fall	<input type="checkbox"/> Struck / Ran into
<input type="checkbox"/> Lifting / Straining	<input type="checkbox"/> Insect Sting / Bite
<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Air Quality
<input type="checkbox"/> Heat / Sun	<input type="checkbox"/> Other _____

Additional Detail of Accident

FACILITY INFORMATION

Name and Address of Facility

Bridlewood Community Pool (Outdoor pool)
13622 Harness Shop Ct.
Gainesville, VA 20155

Responsible Swim Team

Bridlewood Bridlewaves

Responsible Pool Operations

NV Pools

Name of Activity Supervisor

Contact Phone (including area code)



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INJURY INFORMATION

Body Part Injured

- | | | |
|--|---|--|
| <input type="checkbox"/> Head - Top | <input type="checkbox"/> Head – Back | <input type="checkbox"/> Head – Side |
| <input type="checkbox"/> Head – Forehead | <input type="checkbox"/> Face – Eye | <input type="checkbox"/> Face – Ear |
| <input type="checkbox"/> Face – Nose | <input type="checkbox"/> Face – Mouth, Teeth, or Lips | <input type="checkbox"/> Face -Chin |
| <input type="checkbox"/> Face – Cheek | <input type="checkbox"/> Neck | <input type="checkbox"/> Back |
| <input type="checkbox"/> Chest / Stomach | <input type="checkbox"/> Arm/Wrist | <input type="checkbox"/> Hand / Finger |
| <input type="checkbox"/> Leg | <input type="checkbox"/> Knee | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Foot / Toe | | |
| <input type="checkbox"/> Other _____ | | |

Symptom

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Cut | <input type="checkbox"/> Bruise | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Unconsciousness | <input type="checkbox"/> Fracture |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Swelling | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Burn |
| <input type="checkbox"/> Seizure | <input type="checkbox"/> Other _____ | |

Additional Details of Injury

FIRST AID INFORMATION

On-site Care Given

- ☐ Yes ☐ No

Care Refused by Injured

- ☐ Yes ☐ No

Parent / Guardian Notified

- ☐ Yes ☐ No

Taken to Hospital / Clinic

- ☐ Yes ☐ No

Additional Details of Treatment (optional)



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CONTACT INFORMATION FOR TWO WITNESSES

	First Witness	Second Witness
Name	_____	_____
Address	_____	_____
City / State / Zip	_____	_____
Phone Number	_____	_____

REPORT SUBMITTED BY

Name	_____
Role / Position	_____
Contact Phone	_____
Email Address	_____
Signature	_____

Once this form is completed, please submit it to a Board Member. If a Board Member is not immediately available, submit it to the Head Coach, or the most senior coach available. All Incident reports must be submitted as described and the information herein should be treated as confidential. Thank you.