



CC Riders Incident/Injury Report

Individual completing report:

Name: _____

Phone: _____

Email: _____

Role: Coach/Manager/Official/Player/Parent/Spectator

Date of Incident: _____

Time of Incident: _____

Location of Incident:

(please give specific details: on the field or bench, in change room, etc) _____

Who was involved? _____

What happened?

(please give specific details including events that led to the incident, what the incident was, etc)

Were there any witnesses? Names and contact details.

If injury related - please describe injuries and any assistance or treatment provided on scene.

Were parents notified? Yes/No

Were emergency services required/contacted? Yes/No

Details: _____

Were Police Services contacted? Yes/No

Agency contacted: _____

Was the Club Program Supervisor contacted? Yes/No

Name: _____

Additional Information: