

BRITISH COLUMBIA SPEED SKATING ASSOCIATION (BCSSA)

INJURY REPORT FORM

The purpose of this form is for SSC and BCSSA Risk Management to collect statistics on accidents/injuries that occur during Speed skating activities. It is the intention of SSC and BCSSA to collect this data only for the purpose of increasing the safety in the sport of speed skating and to report accident/injury safety prevention information back to the Clubs and Coaches. This form is to be filled out by a Club representative or the skater's coach. At competitions where Medical assistance is present please ask the attending medical people to fill out the forms. This is a private document and should always be kept in confidence and all forms are to be mailed into the BCSSA office. Thank you.

Name: _____ Skater #

Date / Time of injury: _____ Club: _____

Activity type: Learn to skate: Short Track: Long Track:

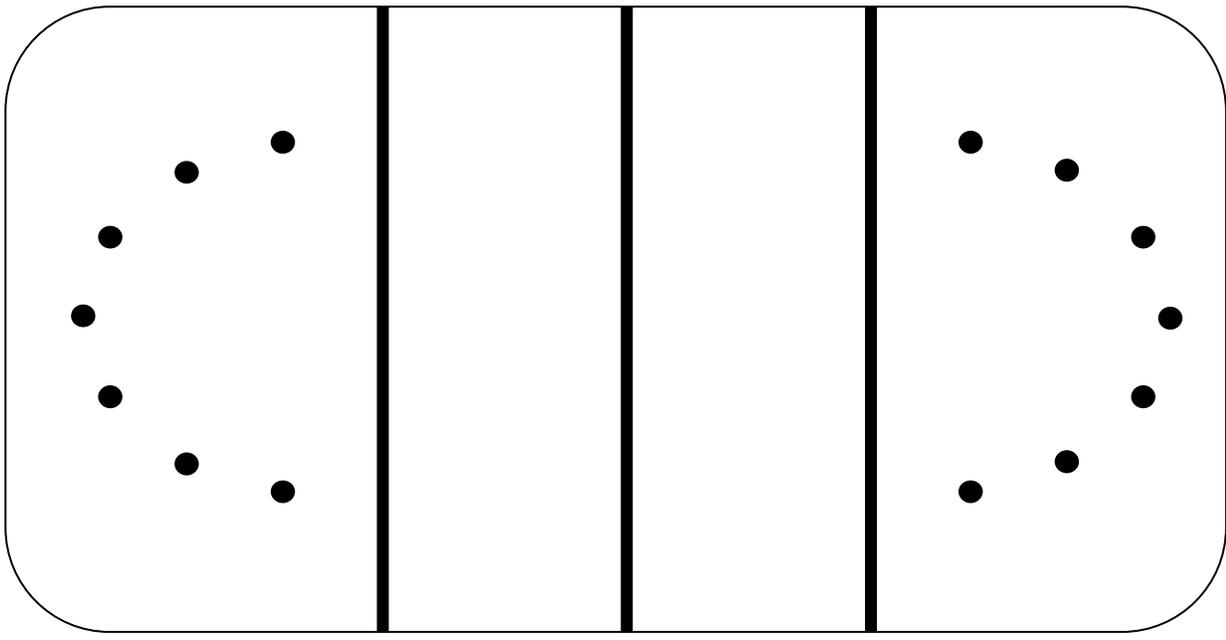
Accident / injury occurred in: Training Competition

Skater's ability level: Beginner Developmental High performance

Number of years in speed skating: years

Padding: Yes No Ice conditions: Good Average Poor

Medical attention required: Yes No Ambulance transportation required: Yes No



Description of accident/how the injury was sustained: Please indicate point of impact on above drawing and if you can, please also describe how this accident could have been avoided.

Completed by: _____ Date: _____