



## Pickering Soccer Club / Pickering Soccer Centre Special Incident & Injury Reporting Form

This form **MUST** be completed by a team representative at the time of an incident/injury during a Club sanctioned game or practice, either outdoors or indoors. Completed forms can be provided to PSC via email to [execdirector@pickeringssoccer.ca](mailto:execdirector@pickeringssoccer.ca) or via fax at 905-239-0067, or dropped off in person at the Pickering Soccer Centre at 1975 Clements Road, Pickering, ON L1V 4C2.

**For incidents occurring inside the Pickering Soccer Centre, the form is to be completed with and left with Facility staff present at the time of the incident.**

*Please Note:*

- Referee Special Incident Reports are NOT to be done on this form.
- Injury Claims for accidents, meaning, injuries incurred during a sanctioned game for which an insurance claim is being made, are NOT to be done on this form.

Details – PLEASE PRINT!	
Type of Incident: <input type="checkbox"/> Injury <input type="checkbox"/> Altercation (Physical or Verbal) <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Other	
Location of Occurrence:	Age Group:
Occurrence Date:	Occurrence Time:
Event: <input type="checkbox"/> Camp <input type="checkbox"/> Game <input type="checkbox"/> Practice <input type="checkbox"/> Scrimmage <input type="checkbox"/> Other (specify):	
Reported by:	Phone/Email:
Was a parent/guardian contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No   If No, why not:	

List the name(s) of the person(s) involved and indicate their role in the incident (i.e.: player, coach, manager, trainer, club official, spectator, witness, or other (specify):		
Name	Role	Contact #

Describe the incident/injury in detail:

Was First Aid offered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Was First Aid Administered: <input type="checkbox"/> Yes <input type="checkbox"/> No
If administered, by Whom ( <i>print name</i> ):	
Describe treatment:	
If medical treatment declined, have injured party/guardian sign here:	
Was 911 called: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Badge/Truck Number:
Injured party released to: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> EMS <input type="checkbox"/> Other	
If released to EMS, which hospital was party taken to:	

Report Completed By ( <i>print name</i> ):	
Date:	Time:

*Continue to back of page if more room is required.*