

# USAIGC Accident Report

Meet Directors & Coaches.

**USAIGC Accident Report:** must be fully completed by the Gymnasts Coach and/or Meet Director and sent to the USAIGC Office within 72 Hours after the Accident.

**Sports Accident Claim Form** on this page must be filled out if any type of hospitalization or professional medical treatment is required. This form must be sent to the USAIGC Office with any medical expenses that were not covered by the parents/guardians insurance carrier up to \$25,000.00.

## Injured Party Information:

Name of Injured Athlete \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Competition Level \_\_\_\_\_ Athlete IGC Number \_\_\_\_\_

USAIGC Club Member \_\_\_\_\_ Club IGC Membership Number \_\_\_\_\_

Club Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Club Owner \_\_\_\_\_

## Parent / Guardian Information:

Parent's Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

## Incident Report

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ Event \_\_\_\_\_

Description of what happened: \_\_\_\_\_

\_\_\_\_\_

Nature of Injury Sustained \_\_\_\_\_

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Was Injured taken to hospital? \_\_\_\_ Yes \_\_\_\_ No

Hospital Name \_\_\_\_\_

Emergency Attention Given: \_\_\_\_\_ By who: \_\_\_\_\_

Name of Event Director: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent or Guardian, if present: \_\_\_\_\_