

GYMNASTS UNITED INC.

INJURY REPORT

Report MUST be completed by Meet Director

Date: _____ Meet Director Name: _____

Meet Name: _____ Meet Director Phone #: _____

Meet Address: _____

Time of Injury: _____ Location of Incident: _____

Name of Injured: _____ Membership # of Injured: _____

Level of Injured: _____ DOB of Injured: _____

Address of Injured: _____

City: _____ State: _____ Phone: _____

Gym Club Name: _____ Gym Club Membership #: _____

Coaches Name: _____ Coaches Membership #: _____

Explain Incident:

Injuries:

Was Parent/Guardian present? Yes No Was Parent/Guardian called? Yes No

Was 911 called? Yes No Did the Ambulance come to incident? Yes No

Was ANY treatment given to the injured before ANY professional emergency assistance? Yes No

Explain treatment: _____

Coaches Signature: _____

Parent/Legal Guardian Signature: _____

Meet Director Signature: _____

Please complete and send form to:
Gymnasts United Inc. P.O. Box 273, Denver, NC 28037 or Email to gymnastsunitedinc@gmail.com