



Fraser Valley Paddling Club

Participation.Teamwork.Achievement.Recreation.Sportsmanship.Health

www.fvpc.ca

Sport Injury /Accident Report Form

Date of injury: _____
(month/day/year)

Injured Person Information

Last Name: _____ First Name: _____

Date of Birth: _____ Ph: (____) _____
(month/day/year)

Address: _____
(street) (city) (prov.) (p.code)

Attended by (captain/manager/first aid attendant): _____
(please provide names)

Please describe sport injury / accident _____

Were there any witnesses to the injury? If yes, who?

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Was there an existing injury? Yes / No (please circle) If yes,, please explain:

Further assessment advised? Yes / No (please circle)

Emergency Transportation Required?: Yes / No (please circle)

Team Name: _____

Team Captain or Manager: _____

****Please send a copy of this report to a member of the FVPC Executive Board.****

Retain a copy for the Files – recommended that this be retained for 3 years