



www.navesinkriverrowing.org

Rowing on the Navesink since 1983

PO Box 6153, Fair Haven, NJ 07004-3303 ~ 732-863-1321; voice mail: 732-758-6266

INCIDENT REPORT

Involved Party: Youth Adult

Name: _____ Date of Birth (if 18 or under): _____

Address: _____

Parent/Guardian Name (if applicable): _____

Telephone Number: _____

Coach in Charge: _____

Date of Incident: _____ Time: _____

Location:

on land (NRR site)

on river (where) _____

at erg site

other _____

Witnesses (if applicable): 1. _____ 2. _____

Description of Incident:

Description of Injury (if any):

Action Taken:

Was Parent Notified? Yes No

Did Parent take child home before regular pick up time? Yes No

Did injured person seek further medical attention? Yes No

If yes, where? _____

Signature of Person In Charge _____ Date _____

Signature of Coach Coordinator or Operations Manager _____ Date _____

An Incident Report is to be completed for the following. This is a sample list and is not to be considered inclusive. An Incident Report is to be completed as soon as possible following the occurrence.

- **Asthma attack**
- **Cut**
- **Fainting**
- **Head injury**
- **Reaction to any insect, jelly fish or other bite**
- **Vomiting**
- **Other injuries that require medical attention**
- **Complaints or conditions that prevent individual from fully participating in session (illness, sore muscles, injuries that individual arrived with)**
- **Individual's behavior deemed unsafe for rowing - leading coach to keep rower out of a rowing shell or removing them from one during the session**
- **Altercation between youth rowers culminating in coach keeping one or more rowers out of rowing shell or removing them from one during the session.**