



**Ontario
Speed Skating**

INJURY REPORT FORM

Name: _____ DOB: _____

Gender: _____ Email: _____

Address: _____ Phone: _____

City: _____ Province: _____ Postal Code: _____

Club: _____ Facility: _____

Date of Injury: _____ Time of Injury: _____ Number of years skating: _____

Skater's ability: Beginner Developmental High performance

Activity type: Learn to skate Short track Long track

Accident/Injury Occurred in: Training Competition

Accident/Injury During an: Off-ice activity On-ice activity

Padding: Yes No

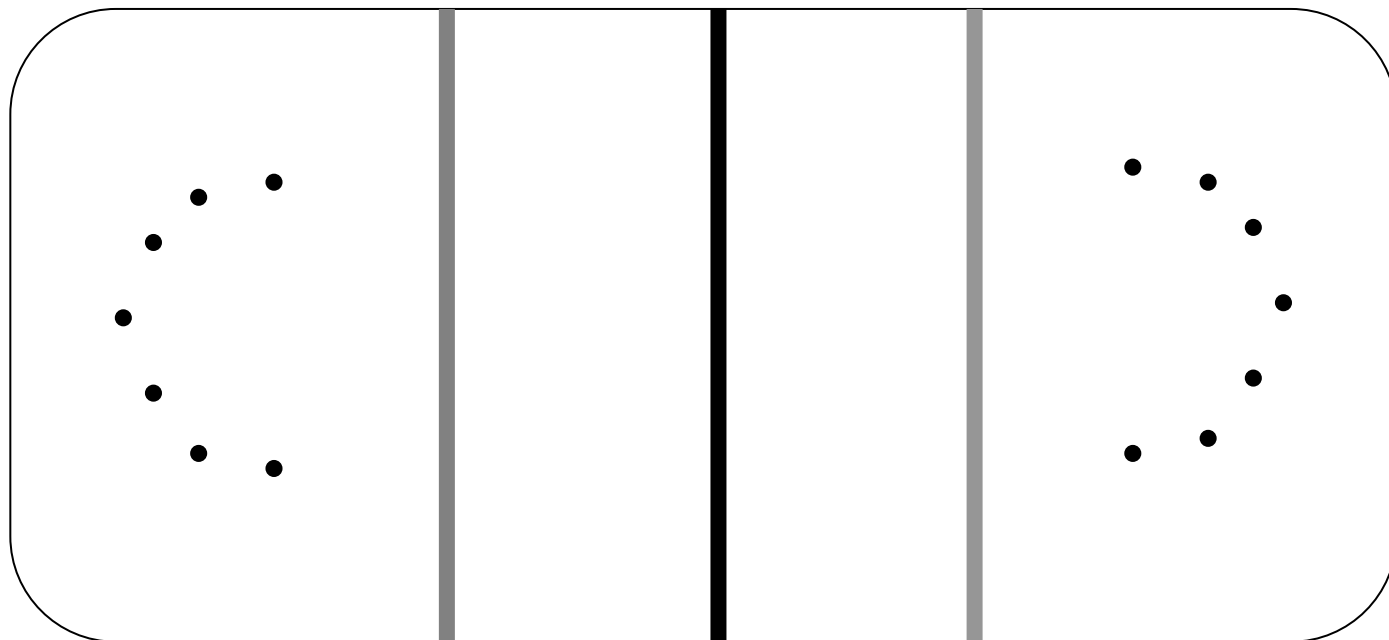
Ice conditions: Good Average Poor

Medical attention required: Yes No

Ambulance transportation required: Yes No

Description of injury/incident. Please include if the skater hit the protective padding?

Please indicate on the diagram where the injury took place:



Description of injury cont'd.

Is a concussion suspected: Yes No

Contact information of individual completing this form:

Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ Province: _____ Postal Code: _____

Signature: _____ Date: _____

Please email completed forms to executivedirector@ontariospeedskating.ca