

ARLINGTON ROWING ASSOCIATION

Incident Report

Name of Person Injured:

Date and Time of Incident:

Location of Incident:

Was Illness or Injury Involved? (If yes, then please describe below.) **YES** **NO**

To Whom was incident reported? (Provide names and title, e.g. Coach.)

Witness Signature:

Was First Aid administered? (Please provide specifics.)

Was parent called? **YES** **NO**

Description of Incident. (Please include name of individuals involved, nature of the incident, injury sustained, name of witnesses, and narrative of what occurred.)
