

REPORT OF OCCURRENCE
Longhorn Aquatics Summer League
Swimming Leagues/Associations

Injured's Name _____ Age _____
Address _____
City/State/Zip _____
Phone () _____ Club Affiliation **Longhorn Aquatics Summer LG**

Activity Taking Place at Time of Accident _____

Place Where Accident Occurred _____
(Include City/State) _____

Date of Accident _____ Day of Week _____ Hour _____

Describe the Accident _____

Person in Charge of the Activity _____

Address _____

City/State/Zip _____

Phone () _____

Probable Nature of the Injury? _____

Who Determined the Nature of Injury? _____

What Was Done On-Site for Injured? _____

Where Taken for Treatment? _____

Who Provided Treatment (Name)? _____

Name and Address of Three Witnesses:

Additional Witnesses, List Names and Addresses on Reverse.

Remarks _____

Report Submitted By: _____ Date _____

Address _____

City/State/Zip _____

Phone () _____

Please attach any additional accident reports (facility report, newspaper, witnesses' statements).

Mail this report to:

RISK MANAGEMENT SERVICES, INC.

PO BOX 32712

PHOENIX, AZ 85064-2712

Or Fax to: 602-274-9138

Email: carmenv@theriskpeople.com

You must report all occurrences immediately. Thank you for your time and cooperation.