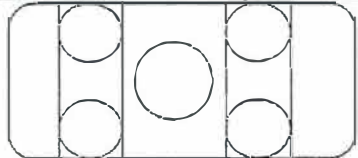
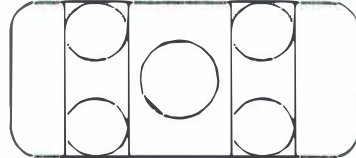


RinkGuard Incident Report Form (On Ice)

| | | |
|--|--|---|
| LOCATION & TIME | Name of Rink _____ Rink Address _____ City _____ State ____ Zip _____ | Date of Report _____ Date of Incident _____ Time of Incident _____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| INJURED PERSON | NAME _____ <input type="checkbox"/> MALE DOB _____ ADDRESS _____ <input type="checkbox"/> FEMALE AGE _____ CITY _____ STATE _____ ZIP _____ HT _____ TELEPHONE _____ OCCUPATION _____ WT _____ If minor, were parents present? <input type="checkbox"/> Yes <input type="checkbox"/> No If not present, were minor's parents notified <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PROBABLE INJURY | Description of Injury _____ Type of Aid Given _____ Provided By _____ Was injured person taken to a hospital? If Yes, what hospital? _____ | |
| INCIDENT | Event taking place on ice at time of incident _____ Description of Incident (in injured's words) _____ <hr/> <p style="text-align: center;">THE ABOVE STATEMENT IS TRUE & CORRECT</p> Injured's signature _____ Parent / Guardian signature _____ <div style="text-align: center; margin: 10px 0;">  <p>On Ice</p> </div> Please mark with an "X" Where the incident occurred | |
| ICE CONDITIONS | Ice Resurface Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Type of Cut <input type="checkbox"/> Wet <input type="checkbox"/> Dry Type Skate Used <input type="checkbox"/> Own <input type="checkbox"/> Rental Type of Skate <input type="checkbox"/> Hockey <input type="checkbox"/> Figure Were Skates Inspected: Pre Incident <input type="checkbox"/> Yes <input type="checkbox"/> No Post Incident <input type="checkbox"/> Yes <input type="checkbox"/> No | If Public Skating, Approximate Attendance _____ Number of Monitors in Attendance _____ Indicate with an "X" the location of Monitors at time of incident <div style="text-align: center; margin: 10px 0;">  </div> Name of person causing incident, if applicable _____ |
| WITNESSES | NAME _____ PHONE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ NAME _____ PHONE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ | |
| Signature of Individual Completing Report _____ Print Name _____ | | |