

IRVINE SWIM LEAGUE
Incident Form
Appendix I

Complete this form at the time of the incident. If emergent, call Lizzie Howard at 949-278-0702 or email director@irvineswimleague.org regarding the incident. Mail form to Irvine Swim League, 5319 University Drive, #302, Irvine, CA 92612.

Name of Team: _____

Name of person reporting injury: _____

Phone number of person reporting: _____

Name of person(s) involved: _____

Parents' names and phone number: _____

Extent of injuries: _____

Where it happened: _____

Date it happened: _____

Describe what happened: _____

Name of witness or witnesses:
