

Aquatic		Facility		Sportsfield		Arenas/Outdoor Rink		Parks & Open Spaces	
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Location Name:									
Civic address:									
First Name:			Last Name:			Phone number:			
Address:									
Gender									
Age	0-5	6-12	13-17	18-24	25-34	35-44	45—54	55-64	65+

Parent/ Guardian Name:					Phone number:				
Date of incident:					Time:				
Date incident reported:									

Physical location - describe the area on the field, in the building, etc. Where the accident happened

For Aquatics only:	# of lifeguards on duty during incident		# swimmer in water during incident		
Registered Program Participant:	Yes	No	Parent/Guardian Notified:	Yes	No
Parent/Guardian follow up required:	Yes	No	By whom?		

Description of incident – How incident occurred.	Injury:	Yes	No

If an injury occurred, describe including first aid administered:	Ambulance called:	Yes	No
	Called by:		
	Arrival Time:		

Ambulance Waiver	
I refuse to be transported by an ambulance for myself or my minor child/ward and hereby for myself/minor heirs, executors and administrator fully release and discharge the Halifax Regional Municipality and its officers, child/ward agents, servants and employees from any and all claims for damages I or my minor child/ward may have.	
Signature:	Date:

