**Incident Report**

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| Participant Name: |  | Date of birth: |  |
| Date & Time of Incident: |  |
| Parent’s Name (if under 18): |  | Contact: |  |
| Address: |  | Phone: |  |
| City: |  | State: |  | Zip Code: |  |

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| **Location of Incident: Please be as specific as possible**  |
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| **Description of Incident: Please be as specific as possible**  |
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| **Actions taken to resolve incident: Please be as specific as possible**  |
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| **Instructor’s Signature:** |  |  | **Date:**  |  |

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| **SB Staff’s Signature:** |  |  | **Date**:  |  |

\*Be sure to submit the participant’s waiver and PAR-Q along with the completed incident report, if it has not already been submitted.