**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.