

Preliminary Accident Details Information Form



Please Note: The purpose of this form is to help gather the information required for the online Incident Report form. It is NOT the official Incident Report form and cannot be used in place of the online Incident Report form. The fields marked by an asterisk (*) will be required when completing the online Incident Report.

DESCRIBE HOW THE INCIDE	NT OCCURRED:					
INJURED PARTY INFORMA	ATION	☐ Dance Athlete ☐	l Career	Member (gym owner, program o	director, choreographer, coach)	
FIRST NAME*		LAST NA	ME*			
				E		
				NUMBER:		
GENDER □ MALE □ F			L STATUS	☐ SINGLE ☐ MARRIED		
ADDRESS*						
				ZIP		
INJURED PARTY INSURAN	ICE INFORMATION					
DOES THE INJURED PERSO	ON HAVE OTHER INSURANCE?	YES INO				
IF YES, COMPANY:			PC	DLICY#:		
	ON HAVE OTHER ACCIDENT M					
GYM/PROGRAM POLICY	☐ YES ☐ NO					
COMPANY: POLICY#:						
EVENT PRODUCER POLICY	Y YES INO					
COMPANY:			_ POI	LICY#:		
PARENT/GUARDIAN INFO	PRMATION					
FIRST NAME*		LAST NA	ME*			
DATE OF BIRTH*	SOCIAL S	SOCIAL SECURITY NUMBER:				
				ZIP		
TELEPHONE ()		EMAIL: _				
MEMBER GYM/PROGRAM	/ AFFILIATION					
GYM NAME*		MEMBEI	R ID #	EXP.	DATE	
CITY*		STATE		ZIP		
CONTACT PERSON (GYM (OWNER OR OTHER PERSON RE					
INCIDENT INFORMATION						
	TIN	/IE OF INJURY				
	THE INJURY OCCUR?: (please		Gym	Sanctioned Event/Competi	tion	
IN WHICH AREA:	☐ Practice Floor	☐ Competition Flo	•	☐ Restrooms/locker rooms		
☐ Parking Lot	☐ Premises/grounds	☐ Bleachers/stand		☐ Concession Area	☐ Admission Area	
☐ Off property	_	•				

Contusion	INJURY TYPE: Abrasion Allergy Amputation Burn Cold Injury Concussion Dislocation Drowning Electric Shock Fatality Foreign Objection Elbow Stroke Stroke Ear Elbow Eye Elbow Elbow Eye Elbow Eye Elbow Eye Elbow Eye Elbow	PAGE 2 – Preliminary Acci	dent Details Form -	Continued – Fo	or (injured party)			
INJURY TYPE: Abrasion Allergy Amputation Burn Cold Injury Concus Contusion Dislocation Drowning Electric Shock Fatality Foreign Fracture Heat Exhaustion Hypertension Heart Illness Laceral Nausea Pain Seizure Sprain/Strain Sting/Bite Stroke Tooth/Mouth BODY PART: Ankle Arm Back Ear Elbow Eye Face Finger Foot Hand Head Hip Internal Knee Leg Neck Nose Shou Tooth Toe Wrist SIDE: Left Right Both Neither DISPOSITION: Released to parent Ambulance Refusal of Care Police Repusal of Care Patient requested EMS transport INJURY OCCURRED DURING: Practice Competition Travel To or From WITNESSES INFORMATION Travel To or From ELIGIBILITY CHECK LIST Injured party's membership was activated (paid) before the injury occurred Injured party's membership was activated (paid) before the injury occurred Injured party's membership was activated (paid) before the injury occurred Injured party's membership was activated (paid) before the injury occurred Injured party's membership was activated (paid) before the injury occurred Injured party's membership was activated (paid) before the injury occurred Injured party's membership was activated (paid) before the injury occurred Injured party's membership was activated (paid) before the injury occurred Injured party searches a cityle of (Alego Participant they were under the direct supervision of an official coach who is a member of USASF, or an official coach who is a member of USASF, or an official coach who is a member of USASF, or an official coach who is a member of USASF, or an official coach who is a member of USASF, or an official coach who is a member of USASF, or an official coach who is a member of USASF, or an official coach who is a member of USASF, or an official coach who is a member of USASF, or an official coach who is a member of USASF, or an official coach who is a member of USASF, or an official coach who i	INJURY TYPE: Abrasion Allergy Amputation Burn Cold Injury Concussion Drowning Electric Shock Fatality Foreign Ob, Fracture Heat Exhaustion Hypertension Heart Illness Laceration Laceration Hypertension Heart Illness Laceration String/Bite Stroke Hand Heart Hand Heart Hipertension Hypertension Heart Hand Heart Hipertension Hypertension Heart Hand Heart Hipertension Hypertension Hyper	INJURY INFORMATION						
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Fracture	Fracture	INJURY TYPE:	■ Abrasion	■ Allergy	■ Amputation	□ Burn	☐ Cold Injury	☐ Concussion
Fracture	Fracture		☐ Contusion			☐ Electric Shock	• •	☐ Foreign Objec
Nausea	Nausea		☐ Fracture	■ Heat Exha	_	n 🗖 Heart	•	-
BODY PART:	Tooth/Mouth BODY PART:						☐ Sting/Bite	
Face	Face		☐ Tooth/Mouth	1		• •	G,	
Face	Face	BODY PART:	☐ Ankle	□ Arm	□ Back	□ Ear	☐ Elbow	□ Eve
Internal Knee Leg Neck Nose Should be competitive or during training OR (B) USASF Sanctioned Competitic If athlete is a CHEER participant they were under the direct supervision of an official coach who is a member of USASF, or an internal can be competed to the first terms and the competition Internal Nose Should be competed to the competition Nose Nose Should be competition Should be competited by the competition Nose Should be competited by the competition	Internal	DOD! TAILL	_	_	□ Foot			•
SIDE:	SIDE:			-				•
SIDE:	SIDE:				G	_ ee		_ 00 a a.e.
DISPOSITION: Released to parent Ambulance Refusal of Care Police Report Medical Attention Refer to Doctor Refer to hospital or clinic Released to personal vell Patient requested EMS transport INJURY OCCURRED DURING: Practice Competition Travel To or From VITNESSES INFORMATION NAME ADDRESS TELEPHONE NUMBER 1. 2. ELIGIBILITY CHECK LIST Injured party is a member of the USASF Injured party's membership was activated (paid) before the injury occurred Incident/Injury took place at either (A) Gym/Practice Facility at practice or during training OR (B) USASF Sanctioned Competitic If athlete is a CHEER participant they were under the direct supervision of an official coach who is a member of USASF, or an	DISPOSITION:	SIDE:				□ Neither		
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STEPS TO SUBMIT CLAIM:		•		n (log into vour	gym profile for instructi	ions)		
STEPS TO SUBMIT CLAIM: Step 1 – Complete this form	Step 1 – Complete this form							
STEPS TO SUBMIT CLAIM:	Step 1 – Complete this form Step 2 – Verify Eligibility via USASF online form (log into your gym profile for instructions)	Record Verification Code I	nere					
STEPS TO SUBMIT CLAIM: Step 1 – Complete this form Step 2 – Verify Eligibility via USASF online form (log into your gym profile for instructions)	 Step 1 – Complete this form Step 2 – Verify Eligibility via USASF online form (log into your gym profile for instructions) You will receive a VERIFICATION CODE from the USASF. You will need this code to submit the form online. 	Step 3 – Follow instruction	ns in the email you r	eceive with the	Verification Code to sul	bmit your claim onlin	e.	
STEPS TO SUBMIT CLAIM: Step 1 – Complete this form Step 2 – Verify Eligibility via USASF online form (log into your gym profile for instructions) You will receive a VERIFICATION CODE from the USASF. You will need this code to submit the form online.	Step 1 – Complete this form Step 2 – Verify Eligibility via USASF online form (log into your gym profile for instructions) You will receive a VERIFICATION CODE from the USASF. You will need this code to submit the form online. Record Verification Code here	Notes Stone 1 2 must be	completed by the m		aram administrator (Onco cubmitted the	incurance compa	مادنى بايمىيا النبيين

Note: Steps 1-3 must be completed by the gym owner or program administrator. Once submitted, the insurance company will work with the injured party (or their parent/guardian if injured party is a minor) and other insurance companies that cover the injured party.