



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 INCIDENT OCCURRED:

INJURED PARTY INFORMATION

Cheer Athlete Dance Athlete Career Member (gym owner, program director, choreographer, coach)

FIRST NAME* _____ LAST NAME* _____
 USASF MEMBER ID # _____ EXPIRATION DATE _____
 DATE OF BIRTH* _____ SOCIAL SECURITY NUMBER: _____
 GENDER MALE FEMALE MARITAL STATUS SINGLE MARRIED
 ADDRESS* _____
 CITY* _____ STATE _____ ZIP _____
 TELEPHONE (_____) _____ EMAIL: _____

INJURED PARTY INSURANCE INFORMATION

DOES THE INJURED PERSON HAVE OTHER INSURANCE? YES NO

IF YES, COMPANY: _____ POLICY#: _____

DOES THE INJURED PERSON HAVE OTHER ACCIDENT MEDICAL COVERAGE (GYM, EVENT ORGANIZER, ETC)?

GYM/PROGRAM POLICY YES NO

COMPANY: _____ POLICY#: _____

EVENT PRODUCER POLICY YES NO

COMPANY: _____ POLICY#: _____

PARENT/GUARDIAN INFORMATION

FIRST NAME* _____ LAST NAME* _____
 DATE OF BIRTH* _____ SOCIAL SECURITY NUMBER: _____
 ADDRESS* _____
 CITY* _____ STATE _____ ZIP _____
 TELEPHONE (_____) _____ EMAIL: _____

MEMBER GYM/PROGRAM AFFILIATION

GYM NAME* _____ MEMBER ID # _____ EXP. DATE _____
 CITY* _____ STATE _____ ZIP _____
 CONTACT PERSON (GYM OWNER OR OTHER PERSON REPORTING CLAIM) _____
 TELEPHONE (_____) _____ EMAIL: _____

INCIDENT INFORMATION

DATE INJURY OCCURRED _____ TIME OF INJURY _____

AT WHICH LOCATION DID THE INJURY OCCUR?: (please circle one)

Gym

Sanctioned Event/Competition

- IN WHICH AREA:
- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Practice Floor | <input type="checkbox"/> Competition Floor | <input type="checkbox"/> Restrooms/locker rooms | <input type="checkbox"/> Hallway |
| <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Premises/grounds | <input type="checkbox"/> Bleachers/stands | <input type="checkbox"/> Concession Area |
| <input type="checkbox"/> Off property | <input type="checkbox"/> Store/Pro Shop Area | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Admission Area |

INJURY INFORMATION

CLASSIFICATION:	<input type="checkbox"/> Non-Injury	<input type="checkbox"/> Minor injury or illness	<input type="checkbox"/> Serious injury or illness			
INJURY TYPE:	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Allergy	<input type="checkbox"/> Amputation	<input type="checkbox"/> Burn	<input type="checkbox"/> Cold Injury	<input type="checkbox"/> Concussion
	<input type="checkbox"/> Contusion	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Drowning	<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Fatality	<input type="checkbox"/> Foreign Object
	<input type="checkbox"/> Fracture	<input type="checkbox"/> Heat Exhaustion	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Heart	<input type="checkbox"/> Illness	<input type="checkbox"/> Laceration
	<input type="checkbox"/> Nausea	<input type="checkbox"/> Pain	<input type="checkbox"/> Seizure	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Sting/Bite	<input type="checkbox"/> Stroke
	<input type="checkbox"/> Tooth/Mouth					
BODY PART:	<input type="checkbox"/> Ankle	<input type="checkbox"/> Arm	<input type="checkbox"/> Back	<input type="checkbox"/> Ear	<input type="checkbox"/> Elbow	<input type="checkbox"/> Eye
	<input type="checkbox"/> Face	<input type="checkbox"/> Finger	<input type="checkbox"/> Foot	<input type="checkbox"/> Hand	<input type="checkbox"/> Head	<input type="checkbox"/> Hip
	<input type="checkbox"/> Internal	<input type="checkbox"/> Knee	<input type="checkbox"/> Leg	<input type="checkbox"/> Neck	<input type="checkbox"/> Nose	<input type="checkbox"/> Shoulder
	<input type="checkbox"/> Tooth	<input type="checkbox"/> Toe	<input type="checkbox"/> Wrist			
SIDE:	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both	<input type="checkbox"/> Neither		
DISPOSITION:	<input type="checkbox"/> Released to parent	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Refusal of Care	<input type="checkbox"/> Police	<input type="checkbox"/> Report Only	
	<input type="checkbox"/> Medical Attention	<input type="checkbox"/> Refer to Doctor	<input type="checkbox"/> Refer to hospital or clinic	<input type="checkbox"/> Released to personal vehicle		
	<input type="checkbox"/> Patient requested EMS transport					
INJURY OCCURRED DURING:	<input type="checkbox"/> Practice	<input type="checkbox"/> Competition	<input type="checkbox"/> Travel To or From			

WITNESSES 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 Competition
- If athlete is a CHEER participant they were under the direct supervision of an official coach who is a member of USASF, or an employee/paid staff member of the studio/gym.
Name of Supervising Coach _____
- If athlete is a DANCE participant they were must be under the direct supervision of an official representative of the studio/gym.
Name of Supervising Party (Coach/Director) _____
- All Star Program/Organization has uploaded their most current proof of insurance to the USASF through their profile.

PERSON COMPLETING 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)

You will receive a VERIFICATION CODE from the USASF. You will need this code to submit the form online.

Record Verification Code here _____

Step 3 – Follow instructions in the email you receive with the Verification Code to submit your claim online.

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.