Marin Rowing Association
Injury Report Form

Please complete this form to report any medical event involving injury to persons or health related events. These are injuries that take place both on the water or in the facility. Complete this form and return it the Director immediately following the event so that we can keep track of the athlete and their recovery.

Day and Date _______________________________ Time ________________________________

Name of Coach: ________________________________________________________________

Name of member/athlete: __________________________________________________________

Where did the incident take place?

What was the athlete doing?

What was the injury?

Where is the athlete complaining of pain?

Follow the injury prevention protocol until the athlete is healthy and ready to return.