



**U.S. Roller Speed Skating/  
In-Line Hockey Association  
Accident Survey**



**Must be completed within 5 days of Competition & Sent to  
[info@usrollerspeedskating.com](mailto:info@usrollerspeedskating.com) or [info@inlinehockeyassociation.com](mailto:info@inlinehockeyassociation.com)**

Name of Athlete : \_\_\_\_\_ Date of birth: \_\_\_\_\_

If minor, List Name Of Guardian: \_\_\_\_\_

Injury Occurred During Practice (Y) (N) Competition (Y) (N) Competition Sanction # \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Team Name: \_\_\_\_\_ Membership # \_\_\_\_\_

Name of Rink where injury occurred: \_\_\_\_\_

Rink Address: \_\_\_\_\_

Rink Phone Number: \_\_\_\_\_

Describe injury in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did injured fall with anyone else? (Y) (N) If yes who? \_\_\_\_\_

Who provided first aid: \_\_\_\_\_

What first aid was administered \_\_\_\_\_

Did injured member go to the Hospital? (Y) (N) If Yes, how did injured go to the Hospital? \_\_\_\_\_

What Safety Equipment was injured wearing? \_\_\_\_\_

Was floor free of debris? (Y) (N) Was Floor Wet? (Y) (N)

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature And Printed name of Competition Manager: \_\_\_\_\_

Signature of Injured: \_\_\_\_\_

Signature of Injured Guardian: \_\_\_\_\_

