



Accidents and Injury Policy

Rationale

The OSGA 55+ (Ontario Senior Games Association) strives to promote an active living lifestyle for older adults (55+) in Ontario. The desire is to meet the ever changing needs of our membership, in which the OSGA 55+ programs are designed to offer events and activities to enhance participation at all levels. It is the view of the OSGA that older adults will become involved when friendly levels of competition are maintained.

Policy Guidelines

1. Organizers are expected to take a proactive approach to ensure all activities are safe by:
 - a. inspecting a site and removing or marking any possible hazards;
 - b. ensuring emergency phone numbers are on file at the site;
 - c. inspecting all equipment is in working condition and replacing items as required;
 - d. ensuring first aid equipment and personnel are on location;
 - e. ensuring lighting and airflow is adequate.
2. In the event of any accident (minor or major) you are required to complete the Event Incident Report immediately while you have all parties involved present.
Incident reports are prepared in contemplation of litigation and are designed to assist in the defense of the problem, accident or claim. (Be accurate, clear and legible)
3. Copies of the completed Event Incident Form must be kept on file with all parties involved with a copy being sent to the Member District and the OSGA Office.
4. Only those who have paid affiliation fees or signed a waiver form as a volunteer are covered by the OSGA insurance policy. It is therefore incumbent on all District Committees to ensure all participants in games are registered with the OSGA as having paid OSGA Affiliation fees and have completed the appropriate WAIVER FORM.



EVENT INCIDENT REPORT

To comply with our Insurance Company's Policy, all reports must be filed with the OSGA Office as soon as possible (no later than 7 days) after the incident occurs.

1. LOCATION OF PREMISES/EVENT OR LOCATION OF ACCIDENT/CIRCUMSTANCE

Policy Holder: _____ Policy Number: _____
Contact Person Name: _____ Tel: _____
Address: _____
Town _____ Postal Code: _____
Owner of Premises: _____ Person (s) in Control: _____

Location of Accident:

2. ACCIDENT OR OCCURRENCE

Date: _____ Time: _____
Place: _____
Date First Notified: _____ By Whom: _____

3. DESCRIPTION OF ACCIDENT OR OCCURRENCE

(if automobile accident, include):

Car License # _____ Insurance Company Names _____ Policy # _____

4. WEATHER CONDITIONS AT TIME OF ACCIDENT (IF APPLICABLE)

5. INJURED PERSON AND NATURE OF INJURY (ONE INCIDENT PER FORM ONLY).

Name: _____ Age: _____ Gender: _____ Tel: _____
Address: _____ Postal Code _____

Status (i.e. competitor, official, spectator, etc.): _____

Death: _____ Broken Bones: _____ Burns: _____

Bruising: _____ Cuts: _____ Sprains: _____

6. PROBABLE CAUSE OF ACCIDENT OR OCCURRENCE

7. FIRST AID GIVEN

By Whom: _____

Nature of Treatment & Medication Given: _____

8. HOSPITALIZED

Name of Hospital: _____

Method of Transportation: _____

9. PROPERTY DAMAGE

Owner: _____

Address: _____

Postal Code: _____

Description of Damaged Property: _____

Estimated cost of repair/replacement: _____

10. WITNESS OR POLICE

Name: _____ Tel: _____

Address: _____ Postal Code: _____

Name: _____ Station #: _____ Badge #: _____

Incident #: _____

11. OTHER INSURANCE COVERAGE: ACCIDENT, EXTENDED HEALTH, TRAVEL, ETC.

Insurer: _____ Policy #: _____ Type of Policy: _____

Insurer: _____ Policy #: _____ Type of Policy: _____

SIGNATURE: _____

DATE: _____

NOTE: This report is prepared in contemplation of litigation and is to assist in the defence of the problem incident, accident or claim referred to herein.

***PLEASE RETURN COMPLETED FORM TO THE OSGA OFFICE:
Unit 52 – 2455 Cawthra Rd.
Mississauga ON L5A 3P1***