



**QUINTE BAY  
GYMNASTICS**

**Ouch Report**

**Date:** \_\_\_\_\_

**Athlete's Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Explanation of Incident:**

**Time:** \_\_\_\_\_

**Where:** \_\_\_\_\_

**Incident Details:**

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**Action Taken:**

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**Coach:** \_\_\_\_\_ **NCCP#:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Follow Up:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes:**

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