



Club Safety Report

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Year of report

Safety Officer name

Club Name

Number of registered members in club

1 Has your club carried out any safety initiatives this year? Yes No
If so, what were they?

2 How many of your registered swimmers have CPR certificates?

3 Do you ensure new members are aware of the Warm up and Swim down procedures before attending swim meets? Yes No

If not, please ensure that this will occur in future. (Refer to National Safety Policy)

4 Do you ensure that at every training session and swim meet, an emergency contact for each swimmer is obtainable? Yes No

Please note that this is vital and an important part of the Duty of Care that clubs have for their swimmers.

5 How many incidents or accidents has your club had this year?

Please ensure that an Incident/Accident form is completed for any incident at training or any other Masters event.

6 Has any swimmer in your club had an incident /accident at any training session or MSNSW event this year? Yes No

Please answer Yes if an incident occurred at your club's swim meet, and include the name of the injured swimmer.

Name was the swimmer transferred to a hospital?

.....	Yes	No
.....	Yes	No
.....	Yes	No

Please email this completed form to Masters Swimming NSW:
admin@mastersswimmingnsw.org.au