

Accident Report Directives and Form

Please read and follow “Accident Protocol” on the Operations Manual for full information on handling an injury in your gym. These directives pertain to only the proper completion of the Accident Report form.

NOTE #1: The directives are not to be given to parents, outside attorneys, or insurance companies other than your own. Generally speaking, most items in your private business belong to the business; Accident Reports and the cameras and recordings are also property of the business. With that said, there may be instances where it might be required that the footage be given to other parties. Before allowing this, please contact your attorney or insurance company to be sure you are not breaking any laws.

- If there is an injury in the gym and a parent requests to see the footage or requests the footage itself, kindly let the parent know that, because of privacy concerns (of other people recorded), you are going to contact your insurance company (or attorney) about the matter and follow their advisements.
- If there is an accusation of theft in the gym and a parent requests to see the footage or requests the footage itself, kindly let the parent know that, because of privacy concerns (of other people recorded), you are going to contact your insurance company (or attorney) and local authorities to file a report. If they require the footage, you will provide it to them immediately, of course.

Consult your local laws or your attorney for any other matters relating to these types of requests for footage.

NOTE #2: Only the Accident Report form on the second page should be completed and printed.

Accident Report Directives:

1. This form is to be completed when an injury has happened in a My Gym. For minor bumps/injuries, complete the Incident Report. If you are unsure about which form to complete, simply complete this Accident Report form.
2. Each My Gym staff member present (not the parent) should fill out an Accident Report for each accident.
3. The report must be completed as soon as you are able to do it. Immediately following the class is best, but immediately after the shift will suffice as well.
4. The Accident Report form is for the gym's internal records. Do not mention the report or volunteer to give the parent a copy.
5. The report can be scanned and saved electronically or filed in a hanging file in a “locked” filing cabinet.
6. If you believe the family may be taking legal action, follow the direction from your insurance company.

When Completing the Report:

1. Be honest about what you observed.
2. Be brief in your description and include only the facts of what you witnessed.
3. Do not include any hearsay (what another person said happened), speculation, assumptions, or guesses on how the incident “*may*” have occurred. Stick to the facts of what you witnessed yourself.
4. If you have safety suggestions or thoughts on how the incident may have been avoided, do not include those statements in this report. Please verbally speak to the director or owner of the gym directly so either may take the appropriate steps/action.
5. If you did not observe the actual incident but were involved after the injury, you may write something like:
“I did not witness the injury myself. I assisted the child once he/she was on the mat and the incident had taken place. At that time I saw the child was.....”

If you have any questions on completing the report, please speak to the owner of your franchise or contact the MGE Support Team.



My Gym Accident Report

(For internal My Gym use only)

Injured Party's Name: _____

Date of Incident: _____ Time of Incident: _____ Date/Time Reported: _____

Program Name (Class, Party, Camp, other (Please specify): _____

Description of Incident - State only the facts of what you observed yourself. Hearsay, speculation, or assumptions of what may have happened should NOT be included.

Action Taken: _____

Accident Site Comments: _____

Names of Witnesses, if any (other than My Gym personnel): _____

Addition Comments: _____

Completed By (Print name): _____ Signature: _____ Date: _____

Supervisor's Name (if present): _____ Signature: _____ Date: _____