

# MOTORCYCLING QUEENSLAND COACHING REPORT

<b>NAME OF COACH &amp; LICENCE NUMBER</b>					
<b>TRACK LOCATION</b>					
<b>PERMIT NUMBER</b>					
<b>DATE OF EVENT</b>		<b>START TIME</b>		<b>FINISHING TIME</b>	
<b>NUMBER OF PARTICIPANTS</b>					

<i>PLEASE TYPE YES OR NO</i>	YES	NO
<b>DID ALL VOLUNTEERS &amp; RIDERS SIGN THE A3 INDEMNITY FORM?</b>		
<b>IS THE SCHEDULE COMPLETE ON THE A3 INDEMNITY FORM?</b>		

<i>PLEASE TYPE YES OR NO (PLEASE ALSO INCLUDE INJURY REPORT)</i>	YES	NO
<b>WERE THERE ANY INJURIES?</b>		
<i>PLEASE TYPE THE NUMBER OF INJURIES</i>	NUMBER OF INJURIES	
<b>HOW MANY MAJOR INJURIES WERE THERE?</b>		
<b>HOW MANY MINOR INJURIES WERE THERE?</b>		

<b>ADDITIONAL COMMENTS</b>

<b>WHO WAS THE FIRST AID PROVIDER</b>	
<b>NAME</b>	

PLEASE SAVE AND EMAIL THIS REPORT TO [courtney@mql.org.au](mailto:courtney@mql.org.au) WITH ANY INJURY REPORTS.  
PLEASE POST THE A3 INDEMNITY FORMS TO PO BOX 2072, NORTH IPSWICH, QLD 4305