



MOTORCYCLING QUEENSLAND COACHING REPORT

NAME OF COACH & LICENCE NUMBER					
TRACK LOCATION					
PERMIT NUMBER					
DATE OF EVENT		START TIME		FINISHING TIME	
NUMBER OF PARTICIPANTS	Junior Male		Junior Female		Total Numbers
	Senior Male		Senior Female		

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

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

ADDITIONAL COMMENTS

WHO WAS THE FIRST AID PROVIDER

NAME	
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PLEASE SAVE AND EMAIL THIS REPORT TO courtney@mqlld.org.au WITH ANY INJURY REPORTS.
PLEASE POST THE A3 INDEMNITY FORMS TO PO BOX 2072, NORTH IPSWICH, QLD 4305