



2013 Technical Guide
Including Emergency Action Plan (EAP)
Plus Race Safety Checklist & Accident Injury Report (AIR)

Instructions:

Documents may be returned via fax to 604-737-3141, or by email to tara@cyclingsbc.net. Within 30 days of the event, the Technical Guide and EAP must be submitted to Cycling BC.

Special Notes:

For Cross Country & Downhill Mountain Bike, the following criteria must be met:

- Minimum rider age is 10 for cross-country and 14 for downhill (as of Dec 31 of current year) unless otherwise approved.
- All participants must hold a 2013 UCI or Citizen Race Licence, or be a 2013 Associate Club member of the host club, or fill out a 2013 One Event Day License Form.

Section 1 – Technical Guide for Races & Events

Race Event Details (below information will be posted to Calendar of Events)	
Race Name:	
Race Date(s):	
Location:	
Discipline:	
Website / Email:	
Race Contact Information	
Name of Organizer:	
Club or Team Name:	
2013 Tech License #:	
Address, City, Postal:	
Telephone / Cell:	
Organizer Email:	
Registration Person:	
Registrar Email:	
Has a member of the Club Executive Approved the Race?	
Yes / No:	
Have all permits been received for land use?	
Yes / No:	
If No, please explain:	

If proof of insurance is required, please go online to:

<http://cyclingsbc.cloverpad.org/Default.aspx?pageId=618037&eventId=262319&EventViewMode=2&CalendarViewType=1&SelectedDate=1/18/2011>

Please submit an application for a **club** certificate or **commercial** certificate of insurance (COI).

- **Club certificates** are for clubs wishing to host events for club members ONLY.
- **Commercial certificates** are for those wishing to accommodate non-licensed, out of province/country riders, etc.



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Section 2 – Emergency Action Plan (EAP)

Requirements:

At a basic minimum, a single person must be identified as the in-charge First Aid Attendant and be available at all times during the event. This person must be able to receive contact from course marshals (or via the head organizer who is in contact with all course marshals) and be stationed at an identified First Aid post. The in-charge First Aid Attendant must have at the minimum Occupational First Aid (OFA 1) or Standard First Aid (SFA 1). The in-charge Attendant must have a complete first aid kit on site and ice bags are recommended.

Note: The higher level is strongly recommended especially for those events that are greater than 10 km away from an Ambulance Dispatch.

Emergency Action Plan Details:		
Name of First Aid Attendant (in charge):		
Method of Contact during Event:		
Location of Primary First Aid Station:		
Local Emergency Services Phone Number:		
Phone Number of Nearest Hospital:		
Address of Nearest Hospital:		
Directions to Nearest Hospital:		
Please confirm the following EAP steps have been completed:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
All marshals and First Aid Attendants will be given a race course map with the First Aid and Marshal positions identified (M1/M2)		
All marshals and First Aid Attendants will be given a listing of cell phone numbers including the First Aid Attendant and Race Organizer		
The map with the EAP plan will be clearly posted at the event		
The Local Ambulance will be notified and given directions to this event site		

Section 3 – Accident Injury Report (AIR)

Accident & Claim Reporting Process:

All accidents and AD&D claims must be reported to the Cycling BC office within 5 days of the incident.

Also, a phone call must be made to the broker of record, please contact Cycling BC for the number. Upon such notice, the Cycling BC office will provide the injured party with a **Claim Report Form**.

Please note that claims are for expenses in excess of the rider’s current medical program or current employee benefits program that are covered by the current AD&D Policy.



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Name of Injured Rider / Person: _____

Event / Activity Name: _____

Date & Time of Accident: _____

Contact Number for Injured Rider/ Person: _____

Nature of Injury: _____

Description of Injury: _____

Brief Description of Event that Led to Injury: _____

Witness Name and Contact Number: _____

Race Organizer's Name and Number: _____

Was First Aid Administered at the Scene: Yes No

Was an Ambulance Called to the Scene: Yes No

What Hospital was the Injured Person Taken To: _____

Any Other Relevant Information Please Provide Below: _____

Signature: _____ Date: _____

Print Name Here: _____

Note 1: This form must be completed as much as possible, and returned to Cycling BC within 7 days of the injury
Note 2: If available, attach any report from the first responder
Note 3: This document and its contents are privileged; they were prepared in anticipation of litigation