



# COACHES LIABILITY PROGRAM INCIDENT REPORT FORM

Page 1 of 2 (See Reverse Side for Page 2)

**SUBMIT COMPLETED FORM TO:**  
USA Water Ski, Inc.  
ATTN: Membership Services Dept.  
1251 Holy Cow Road  
Polk City, Florida 33868  
(863) 325-8259 Facsimile  
memberservices@usawaterski.org

**This form should be completed by a USA Water Ski Certified Instructor/Coach at the time of an Accident, Injury or Other Incident during a covered coaching activity.**

**NOT FOR USE WITH USA WATER SKI SANCTIONED EVENTS.**

**INSTRUCTOR/COACH INFORMATION:**

Name of Instructor/Coach: \_\_\_\_\_ Membership #: \_\_\_\_\_

Coaching Sport Discipline:

- AWSA (3-Event):       AKA (Kneeboard)       NCWSA (Collegiate)       NWSRA (Ski Racing)       WSDA (Disabled)
- ABC (Barefoot)       USW (Wakeboard)       NSSA (Show Ski)       USHA (Hydrofoil)

**SUBJECTS INVOLVED (attach additional reports if more than one person was involved):**

Name of Person Injured/Involved: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

Name of Parent/Legal Guardian (if minor): \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

Type of Individual:  Student/Athlete     Official     Spectator     Volunteer     Other: \_\_\_\_\_

Waiver & Release:  Yes     No    Please attach. (Note: Signed waivers are required for all participants in covered activities)

**DESCRIPTION OF ACCIDENT/INCIDENT/INJURY/ILLNESS (check all that apply):**

Type of Incident	Incident Location	Skiing Conditions (if applicable)		
<input type="checkbox"/> Minor Injury or Illness <input type="checkbox"/> Serious Injury or Illness <input type="checkbox"/> Drowning <input type="checkbox"/> Other Fatality <input type="checkbox"/> Minor Property Damage <input type="checkbox"/> Serious Property Damage <input type="checkbox"/> Boating Accident <input type="checkbox"/> Missing Person(s) <input type="checkbox"/> Theft <input type="checkbox"/> Other: _____	<input type="checkbox"/> Lake/Competition Area <input type="checkbox"/> Restrooms/Lockers <input type="checkbox"/> Premises/Grounds <input type="checkbox"/> Bleachers/Stands <input type="checkbox"/> Concession Area <input type="checkbox"/> Admission Area <input type="checkbox"/> Storage Area <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other: _____	<b>Weather</b>	<b>Water</b>	<b>Wind</b>
		<input type="checkbox"/> Clear <input type="checkbox"/> Clouds <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Glare <input type="checkbox"/> Other: _____	<input type="checkbox"/> Calm <input type="checkbox"/> Slight Chop <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Rough	<input type="checkbox"/> None <input type="checkbox"/> Light (1-6 mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (15-20 mph) <input type="checkbox"/> Head Wind <input type="checkbox"/> Cross Wind <input type="checkbox"/> Tail Wind

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  AM  PM

Event/Activity Description: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Address/Location of Event: \_\_\_\_\_

Type of Event during which Incident/Injury Occurred:  Slalom  Tricks  Jumping  Flip-Out  Freestyle  Expression Session  
 Swivel  Doubles  Other: \_\_\_\_\_

**Please answer the questions on the reverse side of this form to document additional details of this incident/injury.**

Were proper safety procedures and equipment utilized?  Yes  No Explain: \_\_\_\_\_

Police, DNR or Fire Department Notified:  Yes  No Explain: \_\_\_\_\_

Any Witnesses to Incident/Injury:  Yes  No Name: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

First Aid Treatment rendered on-site:  Yes  No Describe on reverse page.

Primary Medical Insurance Available:  Yes  No If yes, Carrier and Policy #: \_\_\_\_\_

Photographs of Injury/Damage:  Yes  No If yes, please attach to this form.

**REPORT PREPARED BY:**

Name of Instructor/Coach: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_



# COACHES LIABILITY PROGRAM INCIDENT REPORT FORM

Details of Incident/Injury (Page 2 of 2)

**ADDITIONAL DETAILS OF ACCIDENT/INCIDENT/INJURY/ILLNESS:**

**How did incident/injury occur? (Be specific. Not simply "crash on jump.")**

---

---

---

---

---

**Location and nature of injury or damage? (Describe as accurately as possible)**

---

---

---

---

---

**FIRST AID TREATMENT AND DISPOSITION:**

**Was First Aid Treatment Rendered On Site?**  Yes  No

**Describe First Aid Treatment Rendered On Site:**

---

---

---

**Was First Aid Treatment Refused?**  Yes  No (Note signature requirements below if treatment refused)

Name of Injured Party: \_\_\_\_\_ Signature of Injured Party: \_\_\_\_\_

*(Note: If Injured Party is a minor, obtain signature of the minor's Parent/Guardian)*

Name of Witness: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

*(Note: A witness is required if First Aid Treatment is refused by the Injured Party)*

**First Aid Disposition? (Check all that apply):**

Treated and released

Transported to Hospital or Other Medical Care Facility

**Method of Transport to Hospital or Other Medical Care Facility?**

EMT/Ambulance

Personal Vehicle

Other: \_\_\_\_\_

**Name, Address and Telephone Number of Hospital or Other Medical Care Facility where transported?**

Name of Hospital or Facility: \_\_\_\_\_ Tel.: (\_\_\_\_\_) \_\_\_\_\_

Address of Hospital/Medical Care Facility: \_\_\_\_\_



## **COACHES LIABILITY INSURANCE PROGRAM INCIDENT REPORTING PROCEDURES**

### **Incident Reporting Procedures for non-sanctioned coaching, training, counseling and related activity conducted by USA Water Ski certified instructors/coaches within the scope of certification in the various USA Water Ski sports disciplines.**

---

Any incident that occurs which could potentially lead to a claim under the USA Water Ski Coaches Liability Insurance program should be reported to USA Water Ski as soon as possible by the instructor/coach.

If you are aware of an incident that may give rise to a liability claim under this policy or if you receive a legal summons or a letter from an attorney as a result of such an incident, please report this information immediately to USA Water Ski. Prompt reporting of incidents provides the insurance company with a head start in evaluating and resolving these matters, where possible, and ensures that the strongest possible defense can be provided in the event that a claim or lawsuit is filed.

USA Water Ski has developed attached Incident Report form for this purpose. The Incident Report form is available to participating USA Water Ski certified instructors/coaches under the Insurance Resources and Coaches Liability Insurance Program links on the USA Water Ski web site ([www.usawaterski.org](http://www.usawaterski.org)). Please be certain to fill out the Incident Report form completely and accurately.

Incidents may include injuries to participants, spectators, volunteers, boat accidents, theft or damage to property of a third party, etc. Examples of incidents which need to be reported include, but are not limited to, the following:

- Serious Injury or Illness
- Drowning
- Other Fatality
- Minor Property Damage
- Serious Property Damage
- Boating Accident
- Missing Person(s)
- Theft

#### **Completed Incident Report forms should be submitted to:**

***By mail:***

USA Water Ski, Inc.  
ATTN: Membership Services Dept.  
1251 Holy Cow Road  
Polk City, Florida 33868

***By facsimile:***

(863) 325-8259

***By email:***

[memberservices@usawaterski.org](mailto:memberservices@usawaterski.org)