



COACHES LIABILITY PROGRAM INCIDENT REPORT FORM

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

SUBMIT COMPLETED FORM TO:
USA Water Ski & Wake Sports, 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 & Wake Sports Certified Instructor/Coach at the time of an Accident, Injury or Other Incident during a covered coaching activity.

NOT FOR USE WITH USA-WSWS SANCTIONED EVENTS.

INSTRUCTOR/COACH INFORMATION:

Name of Instructor/Coach: _____ Membership #: _____

Coaching Sport Discipline:

- AWSA (3-Event): AKA (Kneeboard) NCWSA (Collegiate) NWSRA (Ski Racing) USA-AWSWS (Adaptive)
 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: _____	Weather	<input type="checkbox"/> Clear <input type="checkbox"/> Clouds <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Glare <input type="checkbox"/> Other: _____	Water	<input type="checkbox"/> Calm <input type="checkbox"/> Slight Chop <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Rough	Wind	<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.: (____) _____



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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-WSWS certified instructors/coaches within the scope of certification in the various USA-WSWS sports disciplines.

Any incident that occurs which could potentially lead to a claim under the USA-WSWS Coaches Liability Insurance program should be reported to USA-WSWS 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-WSWS. 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-WSWS has developed attached Incident Report form for this purpose. The Incident Report form is available to participating USA-WSWS certified instructors/coaches under the Insurance Resources and Coaches Liability Insurance Program links on the USA-WSWS web site (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

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By mail:

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By email:

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