



INCIDENT REPORT FORM

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SUBMIT COMPLETED FORM TO:
 USA Water Ski, Inc.
 ATTN: Competition & Sanctioning
 1251 Holy Cow Road
 Polk City, Florida 33868
 (863) 325-8259 Facsimile
 competition@usawaterski.org

This form should be completed by the on-site Safety/Club Official or Event Organizer at the time of an Accident, Injury or Other Incident during a USA Water Ski sanctioned event.

SANCTIONED EVENT INFORMATION:

Club/Event Organizer's Name _____ Club Membership #: _____

Event Name (If applicable): _____ Date(s) of Event: _____

Address/Location of Event: _____

Sanctioned Event Type:
 Tournament Practice Exhibition Official's Clinic Basic Skills Clinic Other: _____ Sanction #: _____

Sport Discipline (Please indicate applicable Region for AWSA Events):
 AWSA (3-Event): Eastern Region Midwest Region Southern Region South Central Western Region
 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.: (____) _____

Membership Status: Active Guest/Basic Skills Other: _____ USA Water Ski Member #: _____

Type of Individual: Athlete Official Coach Spectator Volunteer Other: _____

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

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 Incident during Sanctioned Event?: Yes No

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

Please answer the questions below and on the reverse side of this form to document additional details of this incident.

Safety Director on-site during the Event: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Boat Driver: _____ Police, DNR or Fire Department Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No Any Witnesses to Incident/Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No First Aid Treatment rendered on-site: <input type="checkbox"/> Yes <input type="checkbox"/> No Primary Medical Insurance Available: <input type="checkbox"/> Yes <input type="checkbox"/> No Photographs of Injury/Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Were proper safety procedures and equipment utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the driver of the boat have a USA-WS driver rating? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what rating? _____ Explain: _____ Name: _____ Tel.: (____) _____ Name: _____ Tel.: (____) _____ Describe on reverse page. If yes, Carrier and Policy #: _____ If yes, please attach to this form.
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REPORT PREPARED BY:

Name of Safety/Club Official or Event Organizer: _____ Tel.: (____) _____



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Details of Incident/Injury

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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: _____