



INCIDENT REPORT FORM

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SUBMIT COMPLETED FORM TO: USA Water Ski & Wake Sports, Inc. ATTN: Competition & Sanctioning
2701 Lake Myrtle Park Road
Auburndale, FL 33823-9360
(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-WSWS 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) 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.: (____) _____

Membership Status: Active Guest/Basic Skills Other: _____ USA-WSWS 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	Water	<input type="checkbox"/> Calm	Wind	<input type="checkbox"/> None
			<input type="checkbox"/> Clouds		<input type="checkbox"/> Slight Chop		<input type="checkbox"/> Light (1-6 mph)
			<input type="checkbox"/> Rain		<input type="checkbox"/> Moderate Chop		<input type="checkbox"/> Moderate (7-14 mph)
			<input type="checkbox"/> Fog		<input type="checkbox"/> Rough		<input type="checkbox"/> Strong (15-20 mph)
			<input type="checkbox"/> Glare				<input type="checkbox"/> Head Wind
			<input type="checkbox"/> Other				<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: Yes No Were proper safety procedures and equipment utilized? Yes No

Name of Boat Driver: _____ Did the driver of the boat have a USA-WSWS driver rating? Yes No
If so, what rating? _____

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 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: _____