



# INCIDENT REPORT FORM

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**SUBMIT COMPLETED FORM TO:**  
USA Water Ski, Inc.  
ATTN: Competition & Events Dept.  
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: _____	<b>Weather</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: _____	<b>Water</b> <input type="checkbox"/> Calm <input type="checkbox"/> Slight Chop <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Rough	<b>Wind</b> <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: ☐ Yes ☐ No Were proper safety procedures and equipment utilized? ☐ Yes ☐ No

Name of Boat Driver: \_\_\_\_\_ Did the driver of the boat have a USA-WS 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.: (\_\_\_\_) \_\_\_\_\_



# INCIDENT REPORT FORM

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.")

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

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## FIRST AID TREATMENT AND DISPOSITION:

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

Describe First Aid Treatment Rendered On Site:

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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: \_\_\_\_\_