

# TOURNAMENT ADDITIONAL TREATMENT REPORT

This report must be completed by any person associated with a USA Water Ski-sanctioned tournament who requires off-site treatment for any injury(ies) suffered during the competition.

The Chief Safety Director shall ensure that any skier or family leaving the ski site for further treatment is provided with this form and instructed to have it completed by the injured party and treating person/facility.

Sport Division/Category: ☐ AWSA (3-Event) ☐ NCWSA (Collegiate) ☐ WSDA (Disabled)  
☐ ABC (Barefoot) ☐ NSSA (Show Ski) ☐ Fun  
☐ AKA (Kneeboard) ☐ NWSRA (Speed Ski) ☐ AWA (Wakeboard)

Tournament Name \_\_\_\_\_ Class \_\_\_\_\_ Date(s) \_\_\_\_\_

Tournament Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Please print clearly.*

## INJURED PARTY'S PORTION:

Full Name \_\_\_\_\_ Age \_\_\_\_\_

Division \_\_\_\_\_ Rating \_\_\_\_\_ USA Water Ski Member No. \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area Code/Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Release of Medical Information to USA Water Ski \_\_\_\_\_

(signature)

**TREATING FACILITY:** Please complete or attach your treatment record of this injured party and forward to USA Water Ski at the address given below.

Injury \_\_\_\_\_

Treatment \_\_\_\_\_

Prognosis/Restrictions \_\_\_\_\_

**Please return this completed report to:**

**USA Water Ski**  
Attention: Competition Department  
1251 Holy Cow Road  
Polk City, Florida 33868-8200  
(863) 324-4341