TOURNAMENT INJURY REPORT

Complete this form in the event an injury occurs during a USA Water Ski-sanctioned tournament and return it **with a copy of the injured party's waiver or entry form** to USA Water Ski's Competition Department, 1251 Holy Cow Road, Polk City, Florida 33868. Be sure to give an Additional Treatment Report to the injured party.

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) _____

Name of Injured _____ Age _____ Division _____

Address _____ USA Water Ski Member No. _____

City _____ State _____ Zip _____

Area Code/Telephone (day) _____ (evening) _____

Event Injury Occurred	Skier's Rating in Event	Skiing Conditions					
		Weather		Water		Wind	
❒ Slalom	❒ 3rd Class		❒ Clear		❒ Calm		❒ None
❒ Tricks	❒ 2nd Class		❒ Clouds		❒ Slight Chop		❒ Light (1-6 mph)
❒ Jumping	❒ 1st Class		❒ Rain		❒ Moderate Chop		❒ Moderate (7-14 mph)
❒ Flip-Out	❒ Expert		❒ Fog		❒ Rough		❒ Strong (15-20 mph)
❒ Freestyle	❒ Master		❒ Glare				❒ Head Wind
❒ Expression Session	❒ EP		❒ Other				❒ Cross Wind
❒ Swivel	❒ Open		_____				❒ Tail Wind
❒ Doubles	❒ Other						

Speed _____ Safety Equipment Worn/Used (helmet, vest, jumpsuit, knee brace, etc.) _____

1) How did injury occur? (be as exact as possible, not just "crash on jump") _____

2) What do you feel contributed to this accident? (shoreline, docks, ski, binder - be specific) _____

3) What could have been done to prevent this accident? (if necessary, use an additional sheet of paper)

4) Location and nature of injury? (describe as accurately as possible) _____

Treatment - First Aid? ❒ Yes ❒ No Describe: _____

5) If hospitalized or sent to another medical facility:
   a) Method of transport? _____
   b) Name and address of treating facility? _____

6) Treatment Refused:

	Printed Name	Signature	Daytime Phone
Injured Party:	_____	_____	_____
Witness:	_____	_____	_____
Chief Safety Director:	_____	_____	_____
Chief Judge:	_____	_____	_____