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