

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	Weather	Water	Skiing Conditions	Wind
<input type="checkbox"/> Slalom <input type="checkbox"/> Tricks <input type="checkbox"/> Jumping <input type="checkbox"/> Flip-Out <input type="checkbox"/> Freestyle <input type="checkbox"/> Expression Session <input type="checkbox"/> Swivel <input type="checkbox"/> Doubles	<input type="checkbox"/> 3 rd Class <input type="checkbox"/> 2 nd Class <input type="checkbox"/> 1 st Class <input type="checkbox"/> Expert <input type="checkbox"/> Master <input type="checkbox"/> EP <input type="checkbox"/> Open <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input type="checkbox"/> Clouds <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Glare <input type="checkbox"/> Other	<input type="checkbox"/> Calm <input type="checkbox"/> Slight Chop <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Rough	<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	

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: _____