

PRELIMINARY NOTICE OF INJURY

TO BE COMPLETED BY USA WATER SKI OFFICIAL, CERTIFIED COACH, OR CLUB OFFICER

Name of Injured Individual (Last) (First) (Middle) 1.			USAWS Member Number 2.	Birth Date 3.
Address 4.			Area Code/Phone 5.	
City 6.		State 7.	Zip 8.	
Date of Injury 9.	Time 10.	Place Injury Occurred 11.		
Nature of Injury (Please describe fully indicating what part of body was injured—such as broken arm, sprained ankle, etc.) 12.				
Describe how accident occurred (give all possible details). Must be a bodily injury due to accident 13.				
14. Did accident occur (Yes or No) Yes No				
a) During a sanctioned tournament or ski show.....			_____	_____
b) During a supervised practice.....			_____	_____
c) While traveling to or from a sanctioned tournament, supervised practice or ski show.....			_____	_____
Name, City and State of sanctioned event 15.			Sanction Number 16.	
The above named claimant is a current active member of USA WaterSki 17. <input type="checkbox"/> Yes <input type="checkbox"/> No			Treatment 18. <input type="checkbox"/> On-Site <input type="checkbox"/> Doctor/Hospital	
Signature Tournament—Safety Director/Coordinator Practice — Official, Certified Coach, or Club Officer 19.			Title 20.	Date 21.
22. Name and Address of boat owner			23. Name and address of witness	

Ski Safe
One Hollow Lane
Lake Success, NY 11042



