



# CLUB INSURANCE PROGRAM INCIDENT REPORT FORM

Page 1 of 2

**SUBMIT COMPLETED FORM TO:**  
USA Water Ski, Inc.  
ATTN: Competition & Events Dept.  
1251 Holy Cow Road  
Polk City, Florida 33868  
(863) 325-8259 Facsimile  
[competition@usawaterski.org](mailto:competition@usawaterski.org)

**This form should be completed by a Club Official at the time of an Accident, Injury or Other Incident during a Club sponsored, organized and/or supervised activity.**

**NOT FOR USE WITH USA WATER SKI SANCTIONED EVENTS.**

**CLUB EVENT INFORMATION:**

Club Name \_\_\_\_\_ Club Membership #: \_\_\_\_\_

Event Name (If applicable): \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Address/Location of Event: \_\_\_\_\_

Sport Discipline:

- AWSA (3-Event)     AKA (Kneeboard)     NCWSA (Collegiate)     NWSRA (Ski Racing)     WSDA (Disabled)
- ABC (Barefoot)     USW (Wakeboard)     NSSA (Show Ski)     USHA (Hydrofoil)

**SUBJECTS INVOLVED (attach additional reports if more than one person was involved):**

Name of Person Injured/Involved: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

Name of Parent/Legal Guardian (if minor): \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

Membership Status:  Active     Guest/Basic Skills     Other: \_\_\_\_\_ USA Water Ski Member #: \_\_\_\_\_

Type of Individual:  Athlete     Official     Coach     Spectator     Volunteer     Other: \_\_\_\_\_

Waiver & Release:  Yes     No    Please attach. (Note: Signed waivers are required for all participants in Club activities)

**DESCRIPTION OF ACCIDENT/INCIDENT/INJURY/ILLNESS (check all that apply):**

Type of Incident	Incident Location	Skiing Conditions (if applicable)		
<input type="checkbox"/> Minor Injury or Illness <input type="checkbox"/> Serious Injury or Illness <input type="checkbox"/> Drowning <input type="checkbox"/> Other Fatality <input type="checkbox"/> Minor Property Damage <input type="checkbox"/> Serious Property Damage <input type="checkbox"/> Boating Accident <input type="checkbox"/> Missing Person(s) <input type="checkbox"/> Theft <input type="checkbox"/> Other: _____	<input type="checkbox"/> Lake/Competition Area <input type="checkbox"/> Restrooms/Lockers <input type="checkbox"/> Premises/Grounds <input type="checkbox"/> Bleachers/Stands <input type="checkbox"/> Concession Area <input type="checkbox"/> Admission Area <input type="checkbox"/> Storage Area <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other: _____	<b>Weather</b>	<b>Water</b>	<b>Wind</b>
		<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

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  AM  PM Incident during Club Event?:  Yes  No

Type of Event during which Incident/Injury Occurred:  Slalom  Tricks  Jumping  Flip-Out  Freestyle  Expression Session  
 Swivel  Doubles  Other: \_\_\_\_\_

**Please answer the questions on the reverse side of this form to document additional details of this incident/injury.**

Safety Director on-site during the Event:  Yes  No Were proper safety procedures and equipment utilized?  Yes  No

Police, DNR or Fire Department Notified:  Yes  No Explain: \_\_\_\_\_

Any Witnesses to Incident/Injury:  Yes  No Name: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

First Aid Treatment rendered on-site:  Yes  No Describe on reverse page.

Primary Medical Insurance Available:  Yes  No If yes, Carrier and Policy #: \_\_\_\_\_

Photographs of Injury/Damage:  Yes  No If yes, please attach to this form.

**REPORT PREPARED BY:**

Name of Safety/Club Official or Event Organizer: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_



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Details of Incident/Injury (Page 2 of 2)

**ADDITIONAL DETAILS OF ACCIDENT/INCIDENT/INJURY/ILLNESS:**

**How did incident/injury occur? (Be specific. Not simply "crash on jump.")**

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**Location and nature of injury or damage? (Describe as accurately as possible)**

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**FIRST AID TREATMENT AND DISPOSITION:**

**Was First Aid Treatment Rendered On Site?**  Yes  No

**Describe First Aid Treatment Rendered On Site:**

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**Was First Aid Treatment Refused?**  Yes  No (Note signature requirements below if treatment refused)

Name of Injured Party: \_\_\_\_\_ Signature of Injured Party: \_\_\_\_\_  
*(Note: If Injured Party is a minor, obtain signature of the minor's Parent/Guardian)*

Name of Witness: \_\_\_\_\_ Witness Signature: \_\_\_\_\_  
*(Note: A witness is required if First Aid Treatment is refused by the Injured Party)*

**First Aid Disposition? (Check all that apply):**

- Treated and released  Transported to Hospital or Other Medical Care Facility

**Method of Transport to Hospital or Other Medical Care Facility?**

- EMT/Ambulance  Personal Vehicle  Other: \_\_\_\_\_

**Name, Address and Telephone Number of Hospital or Other Medical Care Facility where transported?**

Name of Hospital or Facility: \_\_\_\_\_ Tel.: (\_\_\_\_\_) \_\_\_\_\_

Address of Hospital/Medical Care Facility: \_\_\_\_\_



## **CLUB INSURANCE PROGRAM INCIDENT REPORTING PROCEDURES**

### **Club approved, sponsored, organized and/or supervised Activities or Events**

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Any incident that occurs which could potentially lead to a claim under the Club General Liability program should be reported as soon as possible by the Club.

**It is important that key information is recorded for each and every incident that occurs during Club sponsored, organized and/or supervised activities and events, and that this information is promptly reported.** USA Water Ski has developed a Club General Liability Incident Report form for this purpose. The Incident Report form is available to all Clubs via the USA Water Ski web site: [www.usawaterski.org](http://www.usawaterski.org) (under Insurance Resources and Club Insurance Program links).

A Club official should complete the Incident Report form at the time of an Accident, Injury or Other Incident. Please be certain to fill out the Incident Report form completely and accurately. Prompt reporting of incidents provides the insurance company with a head start in evaluating and resolving these matters, where possible, and ensures that the strongest possible defense can be provided to the Club in the event that a liability claim is filed. A claim is an actual demand for damages by a third party.

Incidents may include injuries to participants, spectators, volunteers, boat accidents, theft or damage to property of a third party, etc. Examples of incidents which need to be reported include, but are not limited to, the following:

- Serious Injury or Illness
- Drowning
- Other Fatality
- Minor Property Damage
- Serious Property Damage
- Boating Accident
- Missing Person(s)
- Theft

### **Completed Club General Liability Incident Report forms should be submitted to:**

***By mail:***

USA Water Ski, Inc.  
ATTN: Competition & Events Dept.  
1251 Holy Cow Road  
Polk City, Florida 33868

***By facsimile:***

(863) 325-8259

***By email:***

[competition@usawaterski.org](mailto:competition@usawaterski.org)

**NOTE:** Any incident involving serious bodily injury requiring emergency medical transport or a death/fatality should be reported immediately to K&K Insurance by calling the following claims number: **1-800-237-2917**.