

WATER SKI AND WAKEBOARD CANADA CLUB DEVELOPMENT PROGRAM Activity Report

Name of Club:		
Contact Person:		Title:
Complete mailing address (number, street, city, province, postal code)		
Primary: ()	Alternate: ()	Fax: ()
e-mail		Web:

Please record your following participants below, to add up your total number of different participants from the season. (Please count each participant only once)

	# of Participants	Demographics				Disciplines									
		Male	Female	< 18	> 18	Water-ski	Wake-board	Wake Skate	Bare foot	Adaptive	Hydro-foil	Knee-board	Wake Kite	Wake Surf	Other
Rip N Ride															
Ski Ability															
Club Members															
Non-Club Members (other participants)															
Total number of different Participants															

Did your club experience any accidents or injuries in 2018 ? ☐ YES ☐ NO

If yes, briefly describe:

Comments on your club's season/ Suggestions on how to improve the Waterski, Wakeboard and Barefoot Program:

In submitting this activity report, I, as an authorized representative of the club, hereby attest that to the best of my knowledge, the above information is true and accurate.

Signature _____ Date MM / DD / YY

PLEASE MAIL COMPLETED THIS ACTIVITY REPORT, ALONG WITH DULY COMPLETED WAIVER FORMS

insurance@wswc.ca