WATER SKI AND WAKEBOARD CANADA
SCHOOL / CLUB INJURY REPORT FORM

WHAT IS AN ACCIDENT?

- Any instance where a skier/rider sustains physical harm during participation in familiarization or the competition (bruise, cut, sprain, fracture, loss of consciousness, etc.)
- Any instance in which an athlete requires medical assistance
- Any instance which requires an athlete to withdraw from competition due to physical injury
- Any instance that require the competition to be stopped for any length of time other than protests or equipment failure

It is essential to apply the above to both competition and familiarization

PLEASE ENSURE AN INJURY REPORT FORM IS FILLED OUT FOR EACH INDIVIDUAL INJURY.

Name of School/Club: _____ Date: _____

Name of injured participant: _____ Age: _____

Address: _____

Primary Contact no.: _____ Alternate no.: _____

Event: Water Ski _____ (Slalom, Trick or Jump) Barefoot: _____ (Slalom, Trick or Jump)

Wakeboard: _____

Adaptive: _____ Marathon: _____

Time of injury: _____ Years of skiing/riding: _____

CONDITIONS:

Site / Waterway name: _____

Air Temperature: _____ (Celsius or Farenheit) Water Temperature: _____ (Celsius or Farenheit)

Water conditions: _____ (example: calm or ripple or slight chop or choppy rough)

Wind conditions: _____ (example: none or light (1-10 kph) or moderate (10-20kph) or strong (20+kph)

_____ (example: head or crosswind or tail)

Light conditions: _____ (example: clear or cloudy or raining or foggy or any glare)

1. How did the injury occur? (be as specific as possible)

2. Location of injury (on body)?

3. Type of injury (bruise, sprain, etc.)

4. What factors contributed to the injury? (be as specific as possible – continue on an additional page if necessary)

5. Did the injury involve any on-water obstacle (i.e. jump ramp, rail, kicker)?

   Describe:

6. What safety equipment was being used? (jump pants, helmet, trick release, etc)

7. What could have been done to prevent the injury?

8. Treatment: Removal from the water:

9. First Aid (describe)

10. If hospitalized or taken to clinic -

    Name of Institution:

    How transported:

    Name of physician:

11. Other pertinent information:

12. Did this injury prevent the individual from continuing to participate: Yes No

Boat Driver:

Boat speed at time of injury:

Coach / Instructor:

School/Club Contact:

Principal contact name: _____
(please print)

Tel: _____ Business: _____ Email: _____

Signature: _____ Date: _____

Important: A copy of injured party's signed waiver must accompany this document. Thank you.
Return form to Water Ski and Wakeboard Canada, 22-1554 Carling Ave., Ottawa, ON K1Z 7M4

Please email completed document to Insurance@wswc.ca