



# INTERNATIONAL WATERSKI & WAKEBOARD FEDERATION CONCUSSION POLICY & PROTOCOL

## Safeguarding Athletes and Participants from Effect of Concussions

(Version 01 – February 2022)

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## **1. MISSION STATEMENT:**

The International Water Ski & Wakeboard Federation (IWWF) puts the health and safety of all athletes first and recognizes that participation in towed water sport activities has an inherent amount of risk that can lead to head injuries and concussions.

The IWWF has produced a Concussion Policy & Protocol that provides athletes, coaches, technical officials and event organizers with best practices and recommendations regarding safe participation in towed water sports activities

## **2. PURPOSE:**

The IWWF Concussion Policy & Protocols covers the recognition, medical diagnosis, and management of athletes who may sustain a suspected concussion during a sport activity. It aims to ensure that athletes with a suspected concussion receive timely and appropriate care and proper management to allow them to return back on the water.

This guideline is intended for use by all individuals who interact in towed water sport activities including athletes, coaches, officials, drivers, parents as well as site owners and event organizers (defined as Stakeholders for the purpose of this document).

The protocol should be used for all level of towed water sport activities (including training) or level of competitions.

The guidelines will be updated continuously according to the latest information and publications that are released on this topic. This document is not intended as a clinical practice guideline or legal standard of care and should not be interpreted as such. Individual treatment will depend on the facts and circumstances specific to each individual case.

## **3. CONCUSSION:**

Concussion is a form of traumatic brain injury induced by biomechanical forces that results in a brain injury that causes changes in how the brain functions, leading to symptoms such as headache, dizziness, balance impairment, difficulty concentrating or remembering, depression, amnesia, irritability, drowsiness, and poor quality of sleep. Concussions are typically caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.

A concussion can occur even if there has been no loss of consciousness and cannot normally be seen on x-rays, standard CT scans or MRIs.

## **4. CONCUSSION PREVENTION:**

The IWWF has recognized that there is a continued need to improve concussion education and awareness on concussions. The IWWF World Medical Committee will focus on an education program for all towed water sports stakeholders that can prevent concussion and more serious forms of head injuries. All athletes participating in IWWF events (local, National or international) are required to review and submit a signed copy of the Concussion Education Sheet ([Appendix 1](#)).

It is also important that all Stakeholders have a clear understanding of the IWWF Concussion Protocol summarized in [Appendix 2](#).

## **5. CONCUSSION RECOGNITION:**

The formal diagnosis of concussion should be made following a medical assessment. All towed water sports activities stakeholders are responsible for the recognition and reporting of athletes who may demonstrate visual signs of a head injury or who report concussion-related symptoms. This is particularly important as many sport and recreation venues will not have access to on-site licensed healthcare professionals.

The Concussion Recognition Tool 5 (CRT5) is designed to assist non-medically trained individuals to recognize the signs and symptoms of possible sport-related concussion and provides guidance for removing an athlete from the water and to seek medical attention.

A concussion should be suspected if an athlete who sustains a significant impact to the head, face, neck, or body and demonstrates ANY of the visual signs of a suspected concussion or reports ANY symptoms of a suspected concussion as detailed in the IWWF On Water Concussion Recognition Tool (OWCRT) see Appendix 4. This screening test can be copied to a phone for easy access on the water.

In some cases, an athlete may demonstrate signs or symptoms of a more severe head or spine injury including convulsions, worsening headaches, vomiting or neck pain where a more severe head or spine injury should be suspected.

Depending on the suspected severity of the injury, an initial assessment may be completed by on-site emergency medical professionals.

If an athlete is suspected of sustaining a more severe head or spine injury during a competition or practice, an ambulance should be called immediately to transfer the athlete to the nearest emergency department for further medical assessment. In such a case, there should be no attempt to remove equipment or move the athlete until an ambulance has arrived and the athlete should not be left alone.

## **6. CONCUSSION ASSESSMENT:**

### On Water Concussion Recognition Tool (OWCRT):

On water assessment of cognitive function is an essential component in the assessment of a concussion injury. A key concept in on water assessment is the rapid screening for a suspected concussion, rather than the definitive diagnosis of head injury.

If an athlete is suspected of having sustained a concussion and there is no concern for a more serious head or spine injury, the athlete should be immediately undergoing an assessment of cognitive function by initiating the OWCRT. This OWCRT can be downloaded onto a phone for easy access on the water (see Appendix 4).

If the athlete's scores are all negative on the OWCRT the competitor may continue competition.

ANY positive response on the OWCRT requires the athlete be returned to shore for a second OWCRT assessment. At such time, the entire competition is placed on temporary hold until the results of the second OWCRT are available.

If the second OWCRT assessment (possibly delivered by a healthcare professional) also returns ANY positive response, the athlete will not be permitted to return to the competition.

### On-Shore Sport Concussion Assessment Tool 5 (OSSCAT5):

If a licensed healthcare professional is present on site, the athlete should be taken to a quiet area and undergo a Medical Assessment using the [On-Shore Sport Concussion Assessment Tool 5 \(OSSCAT5\)](#) (see [Appendix 5](#)). If there is no licensed healthcare professional present on site, the athlete must be referred immediately for Medical Assessment by a medical doctor or nurse practitioner and the participant must not return to the water until receiving medical clearance is received

Any athlete who is suspected of having sustained a concussion must not return any form of competition and must be referred to a medical doctor, nurse practitioner or physician assistant for medical assessment.

If an athlete is removed from the water following a significant impact but there are no visual signs of a concussion and the athlete reports no concussion symptoms, then the athlete could be returned to water under controlled conditions but should be monitored for delayed symptoms.

### Remove from Site / Medical Assessment:

When a concussion is suspected, the athlete should be removed from the site and urgently sent to a physician.

The diagnosis of a concussion must be based on findings of the clinical history and physical examination and the evidence-based use of adjunctive tests as indicated (i.e., CT scan). The Medical Assessment is responsible for determining whether the athlete has been diagnosed with a concussion or not.

To provide a comprehensive evaluation of athletes with a suspected concussion, the Medical Assessment must rule out more serious forms of traumatic brain and spine injuries, must rule out medical and neurological conditions that can present with concussion-like symptoms.

Athletes with a diagnosed concussion should be provided with a medical letter indicating a concussion has been diagnosed and should not be allowed to return to site / water on the day of injury.

Athletes who are determined not to have sustained a concussion must be provided with a medical letter indicating that no concussion has been diagnosed and the athlete can return to normal sports activities without restriction (see [Appendix 6](#))

## **7. CONCUSSION MANAGEMENT AND REPORTING:**

All athletes diagnosed with a concussion may not return to any activities with a risk of concussion until medically cleared to do so by a medical doctor or nurse practitioner (see [Appendix 7](#)). It is the responsibility of the athlete (or parent/legal guardian) to provide this documentation to the National Federation and the IWWF

Athletes diagnosed with a concussion should be provided with education regarding the signs and symptoms of concussion, strategies about how to manage their symptoms, the risks of returning to sport without medical clearance and recommendations regarding a gradual return to sport activities. Once an athlete is deemed to be clinically recovered from their concussion, the IWWF will deem the athlete ready for a return to full sports activities. See [Appendix 2](#)

## 8. CONCUSSION TREATMENT:

It is recommended that all athletes should have a proper and complete clinical neurological assessment as part of their overall management. This will normally be performed by the treating physician, often in conjunction with computerized screening tools. See [Appendix 3 Concussion Ed App.](#)

Athletes diagnosed with a concussion should be provided with education about the signs and symptoms of concussion, strategies about how to manage their symptoms, the risks of returning to sport without medical clearance and recommendations regarding a gradual return to sport activities. Once an athlete is deemed to be clinically recovered from their concussion, the IWWF will consider the athlete ready for a return to full sports activities.

The following is a guideline for allowing an athlete to make a gradual return to sport activities:

Phase	Activity Level	Treatment	Purpose
1	Symptom limiting activity.	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity.	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Out of water training activities with limited minimal resistance. Low to moderate in-water activities that pose no risk for any head impact and minimal resistance. (i.e. low intensity swimming) No towed boat activities.	Add movement.
4	Non-impact training Activity.	Harder out of water training activities may include greater resistance and higher intensity More intense in-water activities. Towed boat activities should be at reduced speeds and participant should always wear helmet.	Exercise, coordination and increased thinking.
5	Full impact activity.	Following medical clearance.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport.	Normal sport activity.	

## 9. CONCUSSION RELEASE / RETURN TO SPORT:

Athletes who have been diagnosed with a concussion and have successfully completed the Concussion Treatment described above can be considered for return to full sports activities.

The final decision to medically clear an athlete to return to full towed water sport activity should be based on the clinical judgment of the medical doctor or nurse practitioner taking into account the

athlete's past medical history, clinical history, physical examination findings and the results of other tests and clinical consultations where indicated (i.e., neuropsychological testing, diagnostic imaging).

Prior to returning to training and competition, athletes that have been diagnosed with a concussion must provide their National Federation with a Medical Clearance Letter ([Appendix 7](#)) that specifies that a medical doctor or nurse practitioner has personally evaluated the patient and has cleared the participant to return to sports. A copy of the Medical Clearance Letter should also be submitted to the IWWF as part of its injury reporting and surveillance programs. This will allow the athlete to Return to Sport and register for events.

Athletes who have been determined to not sustain a concussion after a medical assessment will be considered for return to full sports activities after receipt of the Medical Assessment Letter ([Appendix 6](#))

Any athlete experiencing any new concussion-like symptoms while returning to the water must be required to stop immediately and undergo follow-up medical assessment.

Once an athlete has been medically cleared, the Release and Waiver form ([Appendix 9](#)) will need to be completed and sent to the National Federation and the IWWF before the athlete is permitted to return on the water.

#### **10. CONCUSSION RISK REDUCTION:**

While it is impossible to eliminate all concussion in towed water sport activities, the IWWF recognizes that concussion-prevention strategies can reduce the number and severity of concussions in the sport.

The protective effect of helmets and life jackets in reducing the risk of concussion is generally well accepted and hence the mandatory regulations.

There is currently a scarcity of other scientifically rigorous evaluation studies to examine the effectiveness of concussion-prevention strategies in towed water sport activities. Collars are currently undergoing review by the IWWF to assess their effectiveness in reducing "whiplash concussions". This issue is under on-going review by the IWWF.

#### **11. LONG TERM EFFECTS OF CONCUSSION**

The IWWF recognizes the long-term effects of severe and or multiple concussions that can result in conditions including Post-Concussion Syndrome (PCS), Chronic Traumatic Encephalitis (CTE), depression and suicide. Any athlete suspected of having cognitive impairment beyond six weeks of the initial concussion should be assessed by a qualified medical provider experienced in Head Injuries to minimize the long-term effects. Treatment regimens are varied regarding effectiveness should be provided under medical supervision by personnel experienced in treating head injuries. Further information regarding long-term and cumulative impairment of brain cognition is included in the [Resources Section of the IWWF Concussion webpage](#).

## 12. APPENDIX 1: IWWF PRE-SEASON CONCUSSION EDUCATION SHEET

### a. What Is a Concussion?

A concussion is a brain injury that cannot be seen on x-rays, CT or MRI scans. It affects the way a participant thinks and can cause a variety of symptoms.

### b. What Causes a Concussion?

Any blow to the head, face or neck, or somewhere else on the body that causes a sudden jarring of the head may cause a concussion. Examples include excessive jarring during a jump or falling in the water with direct head impact on the water.

### c. When Should I Suspect a Concussion?

A concussion should be suspected in any participant who sustains a significant impact to the head, face, neck, or body and reports ANY symptoms or demonstrates ANY visual signs of a concussion. A concussion should also be suspected if a participant reports ANY concussion symptoms to one of their peers, parents/legal guardians, teachers, coaches or activity leaders or if anyone witnesses a participant exhibiting ANY of the visual signs of concussion. Some participants will develop symptoms immediately while others will develop delayed symptoms (beginning 24 to 48 hours after the injury).

### d. What Are the Symptoms of a Concussion?

- Headaches or head pressure
- Dizziness
- Nausea and vomiting
- Blurred or fuzzy vision
- Sensitivity to light or sound
- Balance problems
- Feeling tired or having no energy
- Not thinking clearly
- Feeling slowed down
- Easily upset or angered
- Sadness
- Nervousness or anxiety
- Feeling more emotional
- Sleeping more or sleeping less
- Having a hard time falling asleep
- Difficulty working on a computer
- Difficulty reading
- Difficulty learning new information

### e. What Are the Visual Signs of a Concussion?

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion or inability to respond appropriately to questions
- Blank or vacant stare
- Balance, gait difficulties, motor incoordination, stumbling, slow labored movements
- Facial injury after head trauma
- Clutching head

### f. What Should I Do If I Suspect a Concussion?

If any participant is suspected of sustaining a concussion during sports they should be immediately removed from activity. Any participant who is suspected of having sustained a concussion during sports activity must not be allowed to return to the sports activity or competition.

It is important that ALL participants with a suspected concussion undergo medical assessment by a medical doctor or nurse practitioner, as soon as possible. It is also important that ALL



participants with a suspected concussion receive written medical clearance from a medical doctor or nurse practitioner before returning to sport activities.

g. When Can the Participant Return to Sport Activities?

It is important that all participants diagnosed with a concussion follow a stepwise return to sports activities as described in the IWWF Concussion Policy and Protocol.

h. How Long Will It Take for The Participant to Recover?

Most athletes who sustain a concussion will make a complete recovery within 1 to 2 weeks while most youth participants will recover within 1 to 4 weeks.

Approximately 15 to 30% of athletes will experience persistent symptoms (more than 2 weeks for adults; more than 4 weeks for youth) that may require additional medical assessment and management.

i. How Can I Help Prevent Concussions and Their Consequences?

Concussion prevention, recognition and management require participants to follow the rules and regulations of their sport, respect their environment, avoid head contact, and report suspected concussions.

j. Signatures:

The following signatures certify that the participant and his/her parent or legal guardian have reviewed the above information related to concussion:

Date: \_\_\_\_\_

\_\_\_\_\_

Printed name of participant

\_\_\_\_\_

Signature of participant

\_\_\_\_\_

Printed name  
of parent/legal guardian

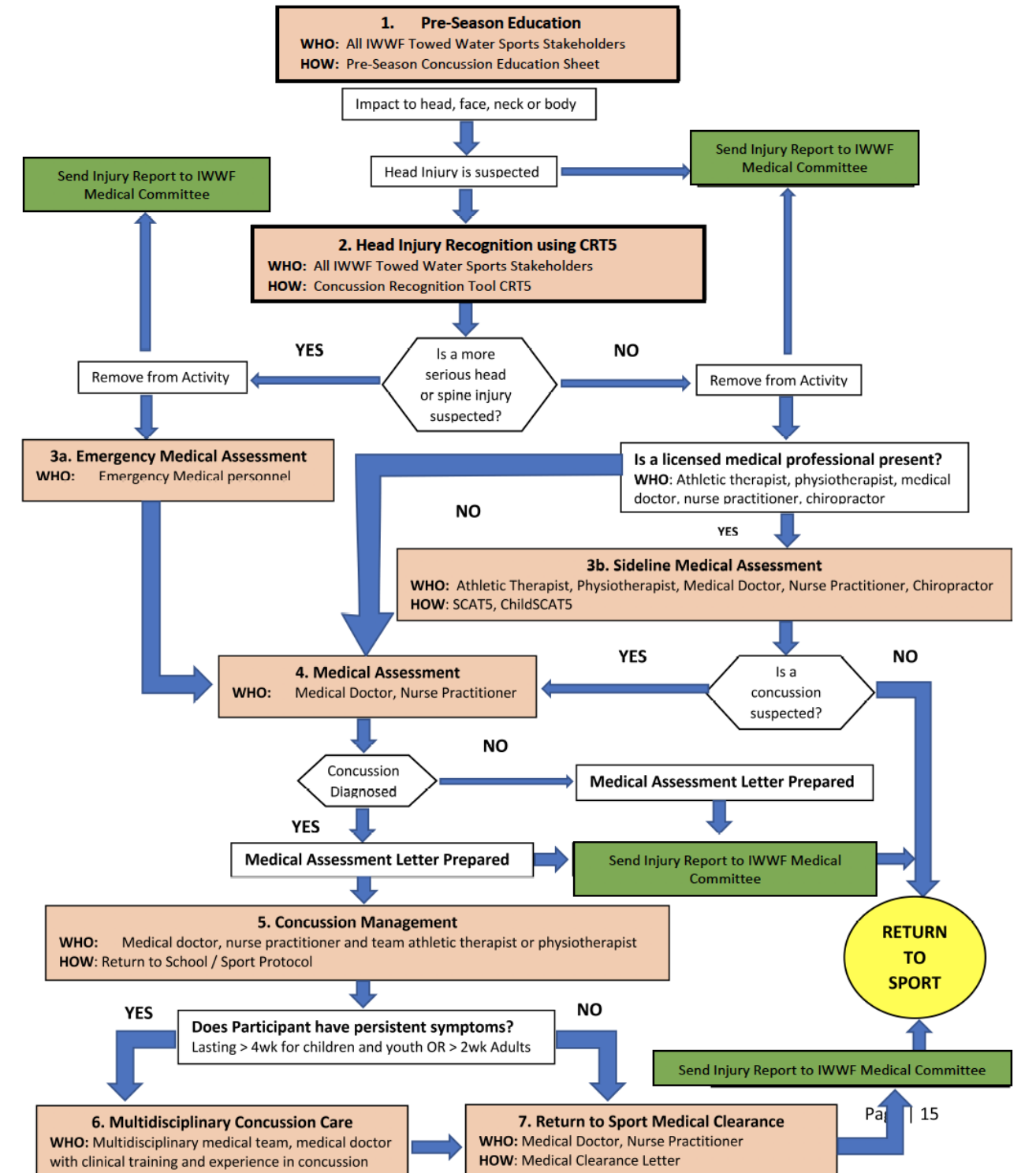
\_\_\_\_\_

Signature  
of parent/legal guardian

**This form be sent to the National Federation.**

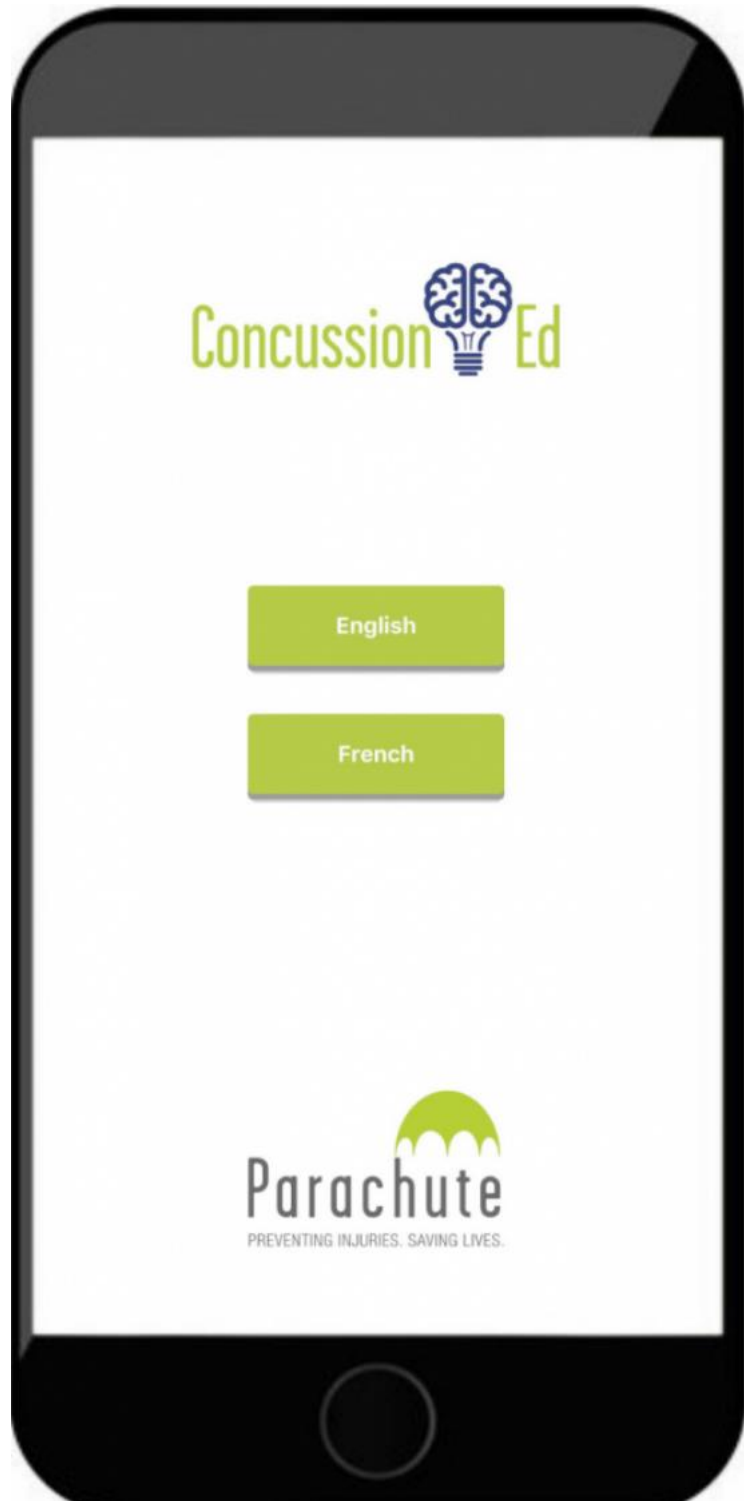
This from needs to be completed before the athlete is permitted to compete at any sanctioned competitions.

13. **APPENDIX 2: IWWF CONCUSSION POLICY & PROTOCOLS**



14. APPENDIX 3: CONCUSSION ED APP

Click [Here](#) to Download



15. **APPENDIX 4: IWWF ON-WATER CONCUSSION RECOGNITION TOOL (OWCRT)**

Click [Here](#) to Download

**ON-WATER CONCUSSION RECOGNITION TOOL**

To help identify concussion in children, adolescents and adults

**RECOGNISE & REMOVE**

Head impacts can be associated with serious and potentially fatal brain injuries. This On-Water Concussion Recognition Tool (OWCRT) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

**STEP 1: RED FLAGS – CALL AN AMBULANCE**

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from the activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Severe or increasing headache
- Deteriorating conscious state
- Double vision
- Seizure or convulsion
- Vomiting
- Weakness or tingling/burning in arms or legs
- Loss of consciousness
- Increasingly restless, agitated or combative

**REMEMBER**

- In all cases, the basic principles of first aid (danger, response, airways, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

**STEP 2: OBSERVABLE SIGNS**

Visual clues that suggest possible concussion include:

- Lying motionless on the field of play
- Disorientation or confusion, or an inability to respond appropriately to questions
- Balance, gait difficulties, stumbling, slow laboured movements
- Slow to get up after a direct or indirect hit to the head
- Facial injury after head trauma
- Extension Posture of Arms & Legs
- Blank or vacant look

**STEP 3: SYMPTOMS**

- Headache
- Neck pain
- "Pressure in head"
- Blurred vision
- Balance problems
- "Don't Feel Right"
- Nausea or vomiting
- Difficulty concentrating
- Difficulty remembering
- Not Thinking Clearly
- Dizziness

**STEP 4: MEMORY ASSESSMENT**

(IN ATHLETES OLDER THAN 12 YEARS)

- Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion.
- Which competition are you at now?
- What is the day of the week?
- Who Was On The Water Before You?
- What Month Is This?

**Score: Any positive check marks ✓ = Yes**  
**The athlete is taken immediately to shore for a second assessment, using the OWCRT**

Athletes with suspected concussion should:

- Not be left alone initially
- Not drink alcohol
- Not use recreational / prescription drugs
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a **QUALIFIED** healthcare professional.

This OWCRT has been prepared by the International Waterski & Wakeboard Federation to guide and assist Federations, Clubs, Event Organisers, Coaches, Officials and all concerned with towed water sports.



It may be downloaded, printed and laminated to carry in the boat or at the site.

Any revision and any reproduction in a digital form requires approval by the IWWF World Medical Committee. It should not be altered in any way, rebranded or sold for commercial gain.

16. **APPENDIX 5: ON-SHORE SPORT CONCUSSION ASSESSMENT TOOL 5 (OSSCAT5)**

Click [Here](#) to Download

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals



**SCAT5** <sup>©</sup> **ON-SHORE CONCUSSION ASSESSMENT TOOL – 5TH EDITION**  
DEVELOPED BY THE CONCUSSION IN SPORT GROUP  
FOR USE BY MEDICAL PROFESSIONALS ONLY  
supported by

17. **APPENDIX 6: IWWF MEDICAL ASSESSMENT LETTER**

Date: \_\_\_\_\_

Participant's name: \_\_\_\_\_

To whom it may concern,

I have personally completed a Medical Assessment on this patient.

Results of Medical Assessment:

This patient has not been diagnosed with a concussion and can resume full participation in school, work, and sport activities without restriction.

This patient has not been diagnosed with a concussion, but the assessment led to the following diagnosis and recommendations:

\_\_\_\_\_

This patient has been diagnosed with a concussion.

The patient has been instructed to avoid all recreational and organized sports or activities that could potentially place them at risk of another concussion or head injury

Starting on \_\_\_\_\_, I would ask that the patient be allowed to participate in school and low---risk physical activities as tolerated and only at a level that does not bring on or worsen their concussion symptoms. The above patient should not return to any full contact practices or games until the coach has been provided with a Medical Clearance Letter provided by a medical doctor or nurse practitioner in accordance with the Guideline on Concussion in Sport.

Other comments and accompanying OSSCAT5 assessment:

\_\_\_\_\_

Yours Sincerely,

Signature/print \_\_\_\_\_ M.D. / N.P.  
(circle appropriate designation)

**[This form must be sent to the National Federation and to the IWWF Medical Committee \(concussion@iwwf.sport\)](mailto:concussion@iwwf.sport)**

**18. APPENDIX 7: IWWF MEDICAL CLEARANCE LETTER**

Date: \_\_\_\_\_

Participant's name: \_\_\_\_\_

To whom it may concern,

The above patient has been medically cleared to participate in the following activities as tolerated effective the date stated above:

(please check all that apply):

- Symptom-limiting activity
- Light aerobic activity
- Sport-specific exercise
- Non-impact training activity
- Full-impact activity
- Return to sport

Participants who have been cleared for full contact practice or game play must be able to participate in high intensity resistance and endurance exercise without symptom recurrence. Any participant who has been cleared but has a recurrence of symptoms, should immediately remove himself or herself from the sport activity and undergo medical assessment by a medical doctor or nurse practitioner before returning to practice or competition.

Any participant who returns to practice or competition and sustains a new suspected concussion should be managed accordingly.

Other comments and accompanying OSSCAT5 assessment:

\_\_\_\_\_

Yours Sincerely,

Signature/print \_\_\_\_\_ M.D. / N.P. (circle appropriate designation)

**[This form must be sent to the National Federation and to the IWWF Medical Committee \(concussion@iwwf.sport\)](#)**

The Medical Clearance Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals will not otherwise be accepted.

19. **APPENDIX 8: IWWF INCIDENT REPORT FORM**

Click [Here](#) Online Form



**SUBMIT COMPLETED FORM TO:**  
[concussion@iwwf.sport](mailto:concussion@iwwf.sport)  
 copy to: [executive@iwwf.sport](mailto:executive@iwwf.sport)

**INCIDENT REPORT FORM**

Page 1 of 2 (See Reverse Side for Page 2)

**This form should be completed by the on-site Safety/Club Official or Event Organizer at the time of an Accident, Injury or Other Incident during An IWWF Sanctioned Event.**

**SANCTIONED EVENT INFORMATION:**

Federation/Club/Event Organizer's Name: \_\_\_\_\_ Membership #: \_\_\_\_\_  
 Event Name (If applicable): \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_  
 Address/Location of Event: \_\_\_\_\_

Sanctioned Event Type:

· Competition · Practice · Exhibition · Official's Clinic · Basic Skills Clinic · Other: \_\_\_\_\_ Sanction #: \_\_\_\_\_

Sport Discipline (Please indicate applicable discipline):

Waterskiing(3-Event)  Cable Wakeboard  Cable Ski  Ski Racing  Disabled  Barefoot  Wakeboard  Wakesurf  
 Show Ski  Kneeboard **Total Number of Pulls / Tows (sets):** \_\_\_\_\_

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

Name of Person Injured/Involved: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
 day/month/year  
 Nationality/Country \_\_\_\_\_ Federation: \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Legal Guardian (if minor): \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_  
 Membership Status:  Active Type of Individual:  Athlete  Official  Coach  Spectator  Volunteer  Other: \_\_\_\_\_  
 Waiver & Release:  Yes  No Please attach. **(Note: Signed waivers are required for all athletes in sanctioned events)**

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

Type of Incident	Incident Location	Weather	Water / Wind 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: _____	<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: \_\_\_\_\_ Incident during Sanctioned Event?:  Yes  No

Type of Event during which Incident/Injury Occurred: \_\_\_\_\_

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

Safety Director on-site during the Event:  Yes  No Were proper safety procedures and equipment utilized?  Yes  No  
 Name of Boat Driver: \_\_\_\_\_ Does the driver of the boat have a rating?  Yes  No  
 If so, what rating? \_\_\_\_\_  
 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.: (\_\_\_\_) \_\_\_\_\_

Revised 17/02/2021

E-Mail Address: \_\_\_\_\_





# INCIDENT REPORT FORM

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: \_\_\_\_\_

**[This form must be sent to the IWWF Medical Committee \( concussion@iwwf.sport \)](mailto:concussion@iwwf.sport)**

**20. APPENDIX 9: RETURN TO TOWED WATER SPORTS RELEASE & WAIVER**

Athlete's name: \_\_\_\_\_

To Whom It May Concern,

Athletes who are diagnosed with a concussion should be managed according to the Guideline on Concussion in Sport. Accordingly, the above athlete has been medically cleared to participate in the following activities as tolerated effective the date stated above (please check all that apply):

- Symptom-limiting activity (cognitive and physical activities that don't provoke symptoms)
- Light aerobic activity (Walking or stationary cycling at slow to medium pace. No resistance training)
- Sport-specific exercise (Running or skating drills. No head impact activities)
- On-water training, no contact
- On-water, full training
- Return to Competition

What if symptoms recur? Any athlete who has been cleared for physical activities, gym class or non-contact practice, and who has a recurrence of symptoms, should immediately remove himself or herself from the activity and inform the teacher or coach. If the symptoms subside, the athlete may continue to participate in these activities as tolerated.

Athletes who have been cleared for full contact practice or game play must be able to participate in full-time school (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including non-contact practice) without symptom recurrence. Any athlete who has been cleared for full-contact practice or full game play and has a recurrence of symptoms, should immediately remove himself or herself from play, inform their teacher or coach, and undergo Medical Assessment by a medical doctor or nurse practitioner before returning to full- contact practice or games.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the Canadian Guideline on Concussion in Sport.

Other comments:

\_\_\_\_\_

Date of Release \_\_\_\_\_

The athlete recognizes that the likelihood of another concussion increases with every successive concussion and can result with prolonged and long-term effects including Post Concussive Syndrome, Chronic Traumatic Encephalitis, depression and possible suicide.

\_\_\_\_\_

Athlete's Signature & Date

**[This form must be sent to the National Federation and to the IWWF Medical Committee \(concussion@iwwf.sport\)](#)**

21. **VERSION CONTROL**

Version 00: original document

Version 01: Indicated in green + addition of page number