



**WATER SKI AND WAKEBOARD CANADA
WATER SKI, WAKEBOARD AND BAREFOOT SCHOOL DEVELOPMENT PROGRAM
2017/2018 Activity Report**

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

Total number of actual pulls in 2017/2018:

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															
Other Participants (not including Rip N Ride and Ski Ability)															
Total number of different Participants															

Did your school experience any accidents or injuries in 2016? YES NO

If yes, briefly describe:

Comments on your school'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 school, hereby attest that to the best of my knowledge, the above information is true and accurate.

Signature _____ Date DD / MM / YY

PLEASE EMAIL COMPLETED ACTIVITY REPORT, ALONG WITH DULY COMPLETED WAIVER FORMS
NO LATER **NOVEMBER 30, 2017** TO:
insurance@swc.ca