



Organizational / Club Membership *Club Practice Insurance Information & Forms*

Overview: An important benefit USATF provides to its member organizations/clubs is General Liability Insurance coverage. Liability insurance provides coverage for certain types of lawsuits brought against the club, its officers, coaches, and volunteers.

Coverage is extended to the regularly scheduled practices of current USATF member organizations/clubs provided such practices are filed with USATF in advance and are supervised by a bona fide coach. Bona fide coaches are defined as those coaches who have completed the *Coach/Volunteer Registration* form and are current USATF members.

It is important to realize this is not sport accident insurance. Injuries to athletes (who are members of USATF) during practices are covered under our sport accident policy.

In order for your club, coaches, and volunteers to be fully covered by the USATF General Liability insurance, you must submit a(n):

- *Organizational/Club Membership application;*
- *Club Practice Schedule* for each practice facility; **and**
- *Coach/Volunteer Registration* form for each coach or volunteer that will be supervising practices.

Club Practice Schedule: The attached *Club Practice Schedule* **must** be completed and list specific dates, times, and location of all practices to be covered (Section 1). *Club Practice Schedules* must be on file prior to practices taking place. Coverage will not be provided after the fact. There is no additional fee to register club practices; however there is a \$15.00 fee for each 3rd party certificate of insurance request. A separate request must be submitted for each 3rd Party. To request a certificate of insurance for a 3rd Party, fill out Sections 1 & 2 of your *Club Practice Schedule*.

Coach/Volunteer Registration Form & USATF Membership: A *Coach/Volunteer Registration* form must be on file with the National Office for each coach or volunteer who will be in a supervisory position during any practice session. Additionally, all coaches and volunteers are required to have a current USATF membership to be covered by insurance. In summary, the USATF General Liability Insurance policy will cover only those coaches and volunteers with a current USATF membership **and** a *Coach/Volunteer Registration* form on file.

- ❖ **Failure to complete all forms in their entirety may nullify your club's insurance coverage.**

Notes on practice location and insurance coverage:

- Due to safety and liability concerns, club practices involving those under the age of 18 must be confined to a safe, closed location where all participants can be observed at all times. Care must be taken to clearly identify the specific location of all practice activities and to ensure that the practice location is safe.
- Practices conducted on streets open to vehicular traffic will only be considered "bona fide" (for insurance purposes) if they are limited to registered club members 18 years and older.
- All practices are covered from beginning to end; however, non-track & field-related activities at a club practice are never covered.

What if a 3rd Party (facility) requests a Certificate of Insurance to be on file?

To request a Certificate of Insurance, member organizations/clubs should complete Section 2 of the *Club Practice Schedule*. There is a \$15 charge for each certificate that is requested. Once the request is received at the National Office, 3rd Parties generally receive the insurance certificate within 5-7 business days.

What if a club changes (or adds) a practice facility, coach/volunteer, or modifies the practice schedule?

The club may fax, e-mail, or mail a new or revised *Club Practice Schedule* or *Coach/Volunteer Registration* forms to their local Association. If a new 3rd Party is requesting to be named on the insurance policy, the \$15 fee must accompany the new *Club Practice Schedule*.



Make Copies as Needed

Club Practice Schedule

A separate Club Practice Schedule must be submitted for each practice facility.

Completion of these sections will register your practices with USATF and provide liability coverage for your organization/club. In order for your coach/volunteer to be added to the policy, they must complete the Coach/Volunteer Registration form (see attached).

SECTION 1

Club Name _____

Address _____

City _____ ST _____ Zip _____

Association # _____ Club # _____ Today's Date _____

Practice Location & Address _____

I, _____ have obtained permission from _____ (Facility)

for the club's use of their facility as a practice site. Signature _____

Circle Practice Dates

January	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
February	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
April	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
September	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
October	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
November	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
December	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Practice Times: _____

SECTION 2

Request for 3rd Party Certificate of Insurance - \$15.00 per Request

All fields must be completed if a 3rd Party (e.g. school, facility, municipality, etc.) needs to be added to the policy. Failure to provide all of the information or illegible writing may result in the certificate not being properly issued. Only list the 3rd Party's mailing address.

Name of 3rd Party _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____
(area code) (area code)

E-mail (3rd Party) _____

E-mail (Org/Club) _____

For Official Use Only

VISA ONLY# _____ Amount \$ _____
Check # _____ Date Received _____



Make Copies as Needed

Coach/Volunteer Registration Form

Club Name _____

Association _____ Club # _____ Today's Date _____

Coach/Volunteer Information

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____ E-mail _____

USATF Membership # _____

*Current membership is **REQUIRED** to be covered by the general liability insurance policy*

Join online at www.usatf.org

Check this box if membership fee is being submitted with this form.

USATF Coaches Education School (if applicable) Developmental Level 1 Level 2 Level 3

Date & Location of school _____

Coach's Qualifications

Check this box if the information below has previously been submitted to USATF.

(You do not need to complete the information below if the box is checked.)

1. Years of coaching experience _____

2. Name of school / college attended (if applicable) _____

Start date _____ End date _____ City _____ State _____

3. Number of clinics attended _____ (please list below)

4. Please indicate additional information, qualifications, and/or comments you feel are pertinent to keep on file with your club application.

