



## 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. Detailed information on the coverage is available at [www.usatf.org/clubs/benefits](http://www.usatf.org/clubs/benefits).

**To form a USATF Club, club organizers must register through their local association by submitting the following:**

- ✓ Organizational/club application
- ✓ Club Practice Schedule for each practice facility
- ✓ Coach/Volunteer Registration form or the Club/Volunteer Application (for clubs who provide programs for youth members) for each coach or volunteer that will be supervising practice

**To qualify as a bona fide club practice and the liability insurance coverage benefit, each club shall:**

- ✓ **Club Practice Schedules:** declare practice details for each practice site by submitting a Club Practice Schedule form for each facility. Club Practice Schedules must be on file prior to practices taking place. **Only indicate regularly scheduled practice dates/times. Schedules with all dates circled will not be accepted.** There is no additional fee to register club practices; however, there is a \$15 fee for each 3<sup>rd</sup> 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 the *Club Practice Schedule*.
- ✓ **Coach/Volunteer Requirements:** have all coaches & volunteers who are supervising practices submit a Coach/Volunteer Registration form or the Coach/Volunteer Application (for clubs who are conducting practices where youth members are present). The USATF General Liability Insurance policy will cover only those coaches and volunteers with a current USATF membership *and* have submitted the appropriate coach/volunteer form. Additionally, for practices where youth athletes will be present the coach/volunteer must have passed a criminal background check.
- ✓ **Supervision:** maintain reasonable coach supervision levels (usually measured by the athletes per coach ratio) given the circumstances of the practice.
- ✓ **Safety:** develop printed safety guidelines and distribute it to all coaches and to all club members.
- ✓ **Waiver of Liability:** collect a signed waiver of liability form from each participant (parent/guardian if under the age of 18). For youth athletes this form should provide parental permission for the athlete to attend the club practice(s). These forms do not have to be submitted to USATF but should be kept on file by the club (for at least five years) and available to USATF if requested. Failure to collect waivers may invalidate your coverage.
- ✓ **Venues:** ensure that participants under that age of 18 do not practice on “open” streets (open to vehicular traffic) or any other uncontrolled area – youth practices/training runs must be in a controlled and enclosed area such as track stadium, fenced-in athletic area, etc.

**What is not covered?:**

- ✓ Overnight camps
- ✓ Clinics where non-club members are invited to attend
- ✓ Fundraising activities (e.g., car washes, product sales, etc.)
- ✓ Sports and activities other than track & field, running, race walking
- ✓ Home-Based Practice Facilities (unless specifically approved by USATF). For more information contact the National Office (317) 713-4665.

✦ Failure to complete all forms in their entirety may nullify your club’s insurance coverage.

✦ USA Track & Field reserves the right to restrict insurance certificates and insurance limits. Generally, certificates will only be issued to a third party when required by an executed contract or governmental permit application.



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 or the Coach/Volunteer Application form.

## 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* \_\_\_\_\_

**Only indicate regularly scheduled practice dates/times. Schedules with all dates circled will not be accepted.**

### Circle Practice Dates at this facility

<u>January</u>	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
<u>February</u>	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		
<u>March</u>	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
<u>April</u>	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
<u>May</u>	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
<u>June</u>	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	
<u>July</u>	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
<u>August</u>	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	
<u>September</u>	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	
<u>October</u>	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
<u>November</u>	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	
<u>December</u>	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

### Indicate Practice Times (Specify AM or PM)

Practice Times: from \_\_\_\_\_ to \_\_\_\_\_ Jan Feb March April May June July Aug Sept Oct Nov Dec

Practice Times: from \_\_\_\_\_ to \_\_\_\_\_ Jan Feb March April May June July Aug Sept Oct Nov Dec

## 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 3<sup>rd</sup> Party's mailing address.

Name of 3rd Party \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

(area code)

(area code)

E-mail (3<sup>rd</sup> Party) \_\_\_\_\_ E-mail (Org/Club) \_\_\_\_\_

### For Official Use Only

VISA # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_

Date Received \_\_\_\_\_