



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

This coverage is extended to the regularly scheduled practices of 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 *Coaches/Volunteer Registration* form and are current members of USATF.

It is important to realize that 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 coverage you must submit a(n):

- 1) Organizational/Club Membership Application;
- 2) *Club Practice Schedule* for each practice facility; and
- 3) *Coaches/Volunteer Registration* form for each coach or volunteer that will be supervising practices.

Club Practice Schedule: The attached *Club Practice Schedule* must be completed. **This schedule must list specific dates and times of all practices to be covered** and the location of the practice. There is no additional fee to register club practices; however there is a \$15.00 fee for **each** request for third party coverage. A separate request must be submitted for each additional third party. To request a certificate of insurance for a third party *Club Practice Schedule* there is a section where your club can request a certificate of insurance for third party coverage. *Club Practice Schedules* must be on file prior to practices taking place. Coverage will not be provided after the fact.

Coaches/Volunteer Registration Form & USATF Membership: A *Coaches/Volunteer Registration* form must be on file with the National Headquarters for **each** coach or volunteer who will be in a supervisory position during any practice session. Additionally, all coaches and volunteer 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 *Coaches/Volunteer Registration* form on file.

Failure to complete all forms in their entirety may nullify your 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 facility (third party) needs to have a Certificate of Insurance?

On the *Club Practice Schedule* there is a section where your club can request a certificate for third party coverage. There is a \$15 charge for each certificate that is requested. Third parties generally receive the insurance certificate within 7-10 days once the request is received at the National Headquarters.

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

The club may fax or mail a new or revised *Club Practice Schedule* or *Coaches/Volunteer Registration* forms to their local association. If a new third party is requesting to be named on the insurance policy then the \$15 fee must accompany the new practice schedule.



Club Practice Schedule

Separate Club Practice Schedule must be submitted for each practice facility

Club Name _____

Address _____

City _____ ST _____ Zip _____

Association # _____ Club # _____ Today's Date _____

Practice Location _____

I, _____ have obtained permission from _____ (Facility) for the club's use of their facility as a practice site.

Circle the dates you will be holding practices.

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: _____

Completion of this section will register your practices with USATF and provide liability coverage for your club. In order for your coaches/volunteers to be added to the policy they must complete the Coaches/Volunteer Registration form (see attached).

Request for Third Party Certificate of Insurance - \$15.00 Per Request

All fields must be completed if a third 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.

Name of 3rd Party _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

<i>For Official Use Only</i>	
MasterCard/Visa# _____	Amount \$ _____
Check # _____	Date Received _____

Make copies of this form as needed



Coaches/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.

