

## Insurance Form

Please fill out this Insurance Form, a Waiver Form and enclose cash/cheque and give to your coach/advisor immediately.

### Participant's Information

|  |  |              |             |
|--|--|--------------|-------------|
| _____                                  | _____  | _____        | _____       |
| Name                                   | Birthdate (MM/DD/YY)                                       | Age          | Male/Female |
| _____                                  | _____  | _____        | _____       |
| Hospitalization #                      | Cell Phone #   | Home Phone # |             |
| _____                                  | _____  |              |             |
| ALL School/Club Teams You Are On       | Division(s) – Ex: Senior Pom, All-Star Youth Level 2, etc. |              |             |
| _____                                  | _____  | _____        | _____       |
| Emergency Contact (Parent or Guardian) | Home Phone #   | Cell Phone # | Work #      |
| _____                                  | _____  | _____        | _____       |
| Coach/Supervisor Contact Name          | Email Address  | Phone #      |             |

### Cost, Payment & Deadline Information

- The SCA has chosen to offer insurance for those who are not covered under another policy (ie: through a school or other insurance agency) and those who wish to purchase additional insurance.
- The cost of insurance is \$5 per athlete per competition year (August 1<sup>st</sup> – July 31<sup>st</sup>).
- All forms must be received by November 30<sup>th</sup>, of the current competition year, else a team late fee of \$20 will be charged per division. (ie: if you have a pom team and a stunt team who hasn't submitted their forms on time, both the pom and stunt team will be charged \$20 each).
- If a new members joins a team after the November 30<sup>th</sup> deadline (and the team has already submitted their forms by the deadline), the athlete will only need to pay \$5 and will not be charged a late fee.
- Please make cheques payable to the Saskatchewan Cheerleading Association Inc.
- **ATHLETES WILL NOT BE COVERED UNTIL THE SCA HAS RECEIVED A COMPLETED TEAM REGISTRATION FORM, ALL ATHLETE INSURANCE FORMS, ALL ATHLETE WAIVER FORMS AND FULL PAYMENT.** The coach/advisor will be contacted via email by the SCA's Executive Director to confirm that this has been received.

### Coverage Information

This insurance covers:

- \$3,000,000 Commercial General Liability
- Includes \$10,000 Accidental Death or Dismemberment.
- Includes \$25,000 Maximum Medical Benefits.
- Deductible is \$1000.

Subject to our wordings and excluding host liquor, forcible ejection, abuse & molestation, war & terrorism, fungi & fungal derivatives, total asbestos, total pollution, punitive damages.

|                        |                    |                    |
|------------------------|--------------------|--------------------|
| <b>Office Use Only</b> |                    |                    |
| Total Paid: _____      | Cash               | Cheque No: _____   |
| Late Fee: _____        | Date: _____        | Cheque Name: _____ |
| School/Club: _____     | Division(s): _____ |                    |
| Name: _____            | Receipt#: _____    | Initials: _____    |