



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 #	
_____	_____		
School/Club Insured Under	Division(s) – Ex: Senior Large Pom, Senior Small Stunt, 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 15<sup>th</sup>, 2010, 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 15<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: _____