



## USA Field Hockey Application for Certificate of General Liability Insurance

The following guidelines must be adhered to in order for general liability insurance to be in effect:

### ACKNOWLEDGMENT OF RESPONSIBILITIES

1. All participants (players, coaches, umpires, organizers of events) must be registered as current members of USA Field Hockey or the general liability insurance will become null and void. Please sign below.

\_\_\_\_\_  
Signature of Principal Organizer

\_\_\_\_\_  
Date

2. All participants will submit a properly executed Waiver & Release of Liability form (minor or adult), after thoroughly reading and acknowledging the form.
3. All competition will be conducted according to the rules of the International Hockey Federation (FIH).
4. The training/competition venue and equipment will be inspected by the Principal Organizer listed on this form for any safety hazards prior to any activity. Any safety hazards will be eliminated immediately before activity is allowed to begin.
5. The Principal Organizer will have on hand a list of emergency contacts including: Police, Fire Department, Ambulance, Emergency Room at the nearest hospital, and the appropriate venue authorities.
6. The Principal Organizer will have on hand a map to the nearest emergency medical treatment facilities, and will have a vehicle on hand designated for transportation, should it be necessary.
7. The Principal Organizer will, at minimum, have on hand a First Aid Kit and a supply of crushed ice in plastic bags whenever a Certificate Athletic Trainer (ATC) is not available. For major tournaments, USA Field Hockey may require the presence of an ATC. Financial responsibility for ATC services in most cases will be the responsibility of the Principal Organizer.
8. The Principal Organizer or his/her designee will be in attendance/authority at all times for the duration of the event.

APPLICATION COMPLETED BY: (print name) \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PRINCIPAL ORGANIZER: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_



## USA FIELD HOCKEY

### Application for a Certificate of General Liability Insurance

**Instructions:** To obtain a certificate of insurance, please complete the application below, obtain the appropriate signatures and send to USA Field Hockey along with a fee of \$150 for the first site per year. There is an additional \$75 fee for each additional site added during the policy term of 12/1/08 to 12/1/09. Please apply 30 days in advance of event date. If application is less than 30 days prior to the event date, an additional fee of \$50 will be charged to expedite the paperwork. USA Field Hockey reserves the right to deny any request based on unacceptable information which may adversely affect USA Field Hockey.

Mail this application and fee to: USA Field Hockey, One Olympic Plaza, Colorado Springs, CO, 80909. Phone: 719-866-4567 Fax: 719-632-0979

NAME OF EVENT: \_\_\_\_\_

BRIEF DESCRIPTION OF EVENT: \_\_\_\_\_

CLUB / LEAGUE NAME (if applicable) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF EVENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

ESTIMATED # OF PARTICIPANTS: \_\_\_\_\_ # OF SPECTATORS: \_\_\_\_\_

#### CERTIFICATE HOLDER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

What is the role of the Certificate Holder? (Please check)

Landlord/Owner of Premises \_\_\_\_\_ Sponsor \_\_\_\_\_ Other (Specify) \_\_\_\_\_



For additional Certificate Holders, please list and complete below:

**CERTIFICATE HOLDER INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

What is the role of the Certificate Holder? (Please Check)

Landlord/Owner of Premises \_\_\_\_\_ Sponsor \_\_\_\_\_ Other (specify) \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

What is the role of the Certificate Holder? (Please check)

Landlord/Owner of Premises \_\_\_\_\_ Sponsor \_\_\_\_\_ Other (Specify) \_\_\_\_\_