



## 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

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 USATF members.

It is important to realize 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. **Schedule must list specific dates, times, and location of all practices to be covered.** There is no additional fee to register club practices; however there is a \$15.00 fee for each request for 3rd Party coverage. A separate request must be submitted for each additional 3rd Party. To request a certificate of insurance for a 3rd Party, please fill out Section I and II of your *Club Practice Schedule*. *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 volunteers 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 (3<sup>rd</sup> 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 3rd Party coverage. There is a \$15 charge for each certificate that is requested. Once the request is received at the National Headquarters, 3rd Parties generally receive the insurance certificate within 7-10 days.

### **What if a club changes (or adds) a practice facility, 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 3rd Party is requesting to be named on the insurance policy, the \$15 fee must accompany the new practice schedule.



# Club Practice Schedule

Separate Club Practice Schedule must be submitted for each practice facility

## SECTION I

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.

### Circle the dates of when practices will be held

<b>January</b>	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
<b>February</b>	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
<b>March</b>	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
<b>April</b>	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
<b>May</b>	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
<b>June</b>	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
<b>July</b>	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
<b>August</b>	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
<b>September</b>	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
<b>October</b>	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
<b>November</b>	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
<b>December</b>	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: \_\_\_\_\_

## SECTION II

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 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.

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

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

Address \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

For Official Use Only

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](http://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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_