



2012 O.A.S.A. INSURANCE APPLICATION FORM

ASSOCIATION OR LEAGUE INFORMATION

Association Name: _____
 Contact Person: _____ Phone Number: _____
 Address: _____ Postal Code: _____ Province: _____
 City: _____ Email Address: _____
 Web Site: _____ Fax Number: _____

INSURANCE DETAILS

Liability Insurance

Number of Non-affiliated Teams (House League) _____ \$24.00/team
 Number of Affiliated Teams _____ \$22.00/team
 Total Liability Insurance: \$ _____

Accident Insurance*

Number of Adult Teams _____ \$32.50/team
 Number of Minor Teams** _____ \$27.00/team
 Total Accident Insurance: \$ _____

Total Due: \$ _____

PLEASE LIST THE NAMES OF ALL TEAMS YOU ARE INSURING ON THE BACK OF THIS FORM

* Accident Insurance is NOT available unless Liability Insurance has been purchased.

** Minor Teams must have only players under 19 years of age

NOTE: UMPIRES SHOULD OBTAIN THEIR INSURANCE FROM SOFTBALL ONTARIO

NON-AFFILIATED (HOUSE LEAGUE) REGISTRATION DETAILS

Please include the information below regarding **Non-affiliated (House League) Teams only**. Do not count players or teams involved in your Representative Program in the fields below. To ensure players are properly recorded, please count each player only once. For example, a player who plays both House League and Select counts as only one (1) player.

Player Information

Please indicate the number of Male and Female players registered in each age group (Player age as of January 1, 2012)

Male	Under 8	_____	Female	Under 8	_____
	Under 10	_____		Under 10	_____
	Under 12	_____		Under 12	_____
	Under 14	_____		Under 14	_____
	Under 16	_____		Under 16	_____
	Under 19	_____		Under 19	_____
	Adult	_____		Adult	_____

Program Information

Please check (☑) all programs your Association offers, and indicate the number of players in each program.

Programs	Offered (☑)	Number of Players
Learn to Play	_____	_____
BlastBall	_____	_____
T-Ball	_____	_____
Coach Pitch	_____	_____
Select	_____	_____
Other *	_____	_____

*Please Specify: _____

Team Information

Please indicate the total number of teams registered in your Association, as well as the average number of Players per team.

of Male Teams: _____
 # of Female Teams: _____
 # of Co-Ed Teams: _____
 Average # of Players / Team: _____

Coaching Information

Please indicate the total number of male and female coaches, as well as the total number of volunteers in your Association.

of Male _____
 # of Female _____
 Average # of Coaches / _____
 # of Volunteers: _____

NOTE: Competitive Teams may be required to submit further information to become affiliated with the OASA.

Make Cheques payable to the Ontario Amateur Softball Association or O.A.S.A.

Send to: **Ron / Sharon Taylor**
 R.R. #2, S 1, CA23
 17, F.R. #44, (Round Lake)
 Havelock, ON
 K0L 1Z0

O.A.S.A. Insurance Coordinators
 Telephone: (705) 778-2637
 Fax: (705) 778-2713
 E-Mail: rstaylor@xplornet.ca
 OASA Web Site: www.oasa.ca

OASA POLICIES & PRIVACY ACT

Please note that your insurance coverage and membership with the Ontario Amateur Softball Association expires on January 1 following the year in which your fees are paid. **POLICE RECORDS CHECK POLICY:** It is the policy of the OASA that a current (3 years) Police Record Check is required for any individual who is in a position of trust or authority while working with youth (under the age of 19). It is the responsibility of each team, league or association to ensure that Police Record Checks have been completed.

PRIVACY ACT: By providing the Ontario Amateur Softball Association (OASA) with your Association's information on this registration form, you are giving consent to the OASA to collect and use your Association's information for the following purposes: of receiving communications from the OASA and Softball Ontario, the publication of your Association's contact information on the OASA's and Softball Ontario's web site to assist in promoting registration, and the reporting of registration information to Softball Ontario. Association contact information and program offerings will also be released to potential participants to assist in placing them in a local association.

I understand that I may withdraw consent to the collection, use or disclosure of my Association's information at any time by contacting the OASA.

SIGNATURE

Exec.
11/11

Signature _____ Date _____