



# 2017 O.A.S.A. INSURANCE APPLICATION FORM

## Association or League Information

Association Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Season Start Date: \_\_\_\_\_

## Insurance Details

### Liability Insurance\*

**\*\*Please ensure that the box below has been filled out, signed and dated. Failure to do this may delay your certificate**

Number of Non-affiliated Teams (House League)	_____	X \$25.00	=	_____
Number of Affiliated Teams	_____	X \$23.00	=	_____
<b>Total Liability Insurance</b>	_____	<b>(A)</b>	=	_____

Is a Third Party named as insured required on your Certificate: No Yes If yes YOU MUST provide the following information: Legal Name of Insured(s) \_\_\_\_\_

**Please note the above MUST be filled in at the time of application if not additional fees may apply**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Sport Accident Insurance\*\*

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

Number of Adult Teams (any member over 18)	_____	X \$33.50	=	_____
Number of Minor Teams	_____	X \$28.00	=	_____
<b>Total Sport Accident Insurance</b>	_____	<b>(B)</b>	=	_____

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

Send to: Heather/Randy Bridge  
3425 Countryside Drive,  
Castlemore, ON  
L6P 0T6

O.A.S.A. Insurance Coordinators  
Telephone: 416.233.8236  
Fax: 647.660.5998  
Email: insurance.OASA@gmail.com

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 - with a declaration signed yearly 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: 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.