



# 2010 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) \_\_\_\_\_ \$23.50 / Team  
 Number of Affiliated Teams (Representative) \_\_\_\_\_ \$21.50 / 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: THAT INSURANCE FOR UMPIRES MUST BE OBTAINED 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, 2010).

### Program Information

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

Male	Under 8	Female	Under 8	Programs	Offered (☑)	Number of Players
	_____		_____	Learn to Play	_____	_____
	Under 10 _____		Under 10 _____	BlastBall	_____	_____
	Under 12 _____		Under 12 _____	T-Ball	_____	_____
	Under 14 _____		Under 14 _____	Coach Pitch	_____	_____
	Under 16 _____		Under 16 _____	Select	_____	_____
	Under 19 _____		Under 19 _____	Other *	_____	_____
	Adult _____		Adult _____			

\*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: srtaylor@heydon.com  
 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

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

Exec.12/07/10