



# 2018 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 \$27.00 = \_\_\_\_\_  
 Number of Affiliated Teams \_\_\_\_\_ X \$25.00 = \_\_\_\_\_  
 (please provide team names and age when applying)  
**Total Liability Insurance (A) = \_\_\_\_\_**

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 \$35.50 = \_\_\_\_\_  
 Number of Minor Teams \_\_\_\_\_ X \$30.00 = \_\_\_\_\_  
**Total Sport Accident Insurance (B) = \_\_\_\_\_**

**(A) \_\_\_\_\_ + (B) \_\_\_\_\_ = \_\_\_\_\_**

Team Names and Stats must be filed before May 15, 2018 or insurance claims may take longer or be denied.

A request for this info will be emailed to you to fill out and return as soon as your registration is finished.

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

Send to: Heather/Randy Bridge  
 3173 Walker's Line,  
 Burlington, ON  
 L7M 0E1

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 (5 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 version W



**Please read this section:**

We have tried to simplify the application form so that it is easier to fill out. This means that there will be a spreadsheet emailed with your certificate for you to fill out your statistics. We require you to complete this spreadsheet and email back to us - we need this information for both Softball Ontario and Softball Canada and we need the team names and number of players for the insurance especially if you have Sport Accident coverage.

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**Insurance Details**

**Liability Insurance\***

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 (please provide team names and age when applying)  
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*Please note the above MUST be filled in at the time of application if not additional charges apply*

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

**Sport Accident Insurance\*\***

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

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 (A) + (B) = \_\_\_\_\_

Team Names and Stats must be filed before May 15, 2018 or insurance claims may take longer or be denied. A request for this info will be emailed to you to fill out and return as soon as your registration is finished.  
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 3173 Walker's Line, Burlington, ON L7M 0E1 Telephone: 416.233.8236  
 Fax: 647.660.5998  
 Email: insurance.OASA@gmail.com

**Section 1: Contact/Association Information**

If you can please be sure to use the same name as is on your certificate unless you have changed the name of your Association or League or if it was wrong. In some centres we have a number of associations and it helps to find you and to keep our records up to date.

**Section 2: Liability Insurance**

Liability Insurance is mandatory for play in all OASA tournaments. Most other tournaments will carry their own Liability Insurance, but that usually assumes that all teams have their own insurance, check with your tournament coordinator. Affiliated teams are those whom have affiliated with the OASA for tournament play all others are deemed Non-Affiliated.

**Section 3: Named Third-Party**

Most Municipalities and School Boards require that your certificate name them in order for you to get your permits. Whomever issues your permit will be able to give you this information about the legal name required. This section MUST be filled out even if you circle NO and sign.

**Section 4: Sport Accident Insurance (Optional)**

We recommend the Sport Accident as additional peace of mind. Concussions and dental injuries can have long term affects and this helps to cover some of the costs. (please see the accompanying page for a summary of coverage) Adult teams are those with ANY player over 18

	Male # players	Female # Players	Insurance
Under 8			4378
under 10			
Under 12			
Under 14			
Under 16			
Under 19			
Adult			
Male Teams			
Female Teams			
Co-Ed Teams			
Average # players/ Team			
Male Coach			
Female Coach			
Average # Coaches/ Team			
Other Volunteers			
Programs	# players		
Learn to Play			
Blitz Ball			
T-Ball			
Coach Pitch			
Select			
Other*			
Scout			
Team Name		Affiliated Year No	

**Statistics form that will arrive with your certificate – please fill it out as a spreadsheet and email back to assist us in data entry.**

**Players by Age and Gender** Please enter your player stats here.

**Team Information** Please enter your team stats here.

**Coaching / Volunteer Statistics** Please enter your coaches broken down by gender and your total volunteers.

**League Information** Please provide your totals for the following programs that your association offers

**Team Information** Please enter your team names and whether or not the team is Affiliated. This will assist us in processing any claims.

**Please feel free to contact us using the information on the application if you have any questions.**

**Heather & Randy Bridge**  
 OASA Insurance Coordinators  
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 Burlington, ON L7M 0E1  
 Telephone: 416-233-8236  
 Fax: 647-660-5998  
 E-Mail: [insurance.OASA@gmail.com](mailto:insurance.OASA@gmail.com)  
 Web-site: [www.oasa.ca](http://www.oasa.ca)