



2021 OASA TEAM INSURANCE APPLICATION FORM

In order to activate insurance coverage for the 2021 season the contact person, on behalf of the association or teams to be covered, agrees to either follow the OASA Return to Play Guidelines (as posted on www.oasa.ca) or submit their own Return to Play Guidelines to the OASA Insurance Coordinator. Local government approval of the Return to Play Guidelines, if required by them, is the responsibility of each association or team.

Team / Association Name: _____

Contact Person: _____ Phone Number: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Season Start Date: _____

Email Address: _____

Liability Insurance*

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

Number of Non-affiliated Teams (House League, Recreational, Select)	_____ X \$62.00 = _____
Number of Affiliated Teams (Teams playing in OASA Qualifier, Elimination or Provincial Tournaments or play downs)	_____ X \$59.00 = _____
Total Liability Insurance (A) = _____	

Is a Third Party named as insured required on your Certificate: No _____ Yes _____
 If yes, YOU MUST provide the Legal Name(s) of any Third Party to be insured:
 Please note the above MUST be filled in at the time of application if not additional fees may apply.

Legal Name: _____ City: _____
 Address: _____ Postal Code: _____
 Signature: _____ Date: _____

Sport Accident Insurance **

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

Number of Adult Teams (with any member over 18)	_____ X \$48.00 = _____
Number of Minor Teams	_____ X \$41.00 = _____
Total Sport Accident Insurance (B) = _____	

_____ + _____ = _____ Total for all insurance (all prices include HST)
(A) Liability + **(B) Sport Accident**

Team, Coach and Player information and counts must be provided to the OASA Insurance Coordinator before your season start date or insurance claims may take longer or be denied. A spreadsheet will be provided to you.

Please make **CHEQUE** payable to: **O.A.S.A.** & send to
Brad or Emily Thomson
283 Maurice Street
New Hamburg, ON N3A 2H8
Email: insurance.OASAsoftball@gmail.com

To Pay by **e-TRANSFER**
OASA1923@outlook.com

In the **MESSAGE SECTION** please provide Division and Team Name **or** the Name of the League/Association



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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 old) 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 information on this registration form, you are giving consent to the OASA to collect and use your information for the following purposes: receiving communications from the OASA, Softball Ontario and Softball Canada, the publication of your Association's contact information on the OASA's, Softball Ontario's and Softball Canada's websites to assist in promoting registration, and the reporting of registration information to Softball Ontario or to comply with Sport Recognition and Sport Priority Funding requirements.

Association contact information and program offerings may also be released to potential participants to assist in placing them in finding 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.

Please read this section:

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 several 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 will carry their own liability insurance. Check with your tournament coordinator.

Affiliated teams are those who have affiliated with the OASA to play in qualifier, elimination or provincial tournaments or play downs run by the OASA, all others are deemed to be non-affiliated.

Section 3: Named Third-Party

Most Municipalities and School Boards require that your certificate name them for you to get your permits. Whoever 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 Insurance as additional peace of mind. Concussions and dental injuries can have long term affects and this helps to cover some of the costs. Adult teams are those with ANY player over 18 years of age.