

**2024 ORSA TEAM INSURANCE APPLICATION FORM**

Team / Association Name: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Season Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  | Number of Non-affiliated Teams (House League, Recreational, Select) | \_\_\_\_ X $62.00 = \_\_\_\_\_\_\_\_ |
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| **1. Liability Insurance (A)**  Number of Teams |  X $40.00 = \_ \_  | Number of Affiliated Teams (Teams playing in ORSA Qualifier, Elimination or Provincial Tournaments or play downs)  | \_\_\_\_ X $59.00 = \_\_\_\_\_\_\_\_ |
| **2. Sport Accident Insurance (B)** Number of Teams |  X $40.00 = \_ \_  | **Total Liability Insurance (A)** | =\_\_\_\_\_\_\_\_\_ |

| \_\_\_\_\_\_\_\_\_\_\_\_ + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_ Total for all insurance (all prices include HST)  **(A) Liability** **(B) Sport Accident** |
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| Third Party to be named as co-insured for liability on certificate: No \_ Yes \_\_\_\_If yes, YOU MUST provide the Legal Name of any Third Party(s) to be insured:Legal Name: City: Address: Postal Code: Legal Name: City: Address: Postal Code:  |
| --- |

Executive, Team, Coach and Player information must be provided to the ORSA Secretary-Treasurer before your season start date or insurance claims may take longer or be denied. See ORSA Roster For Purchasing Insurance on website. This roster may be resubmitted later as players etc. are added.

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| Please make **CHEQUE** payable to: **O.R.S.A.** & send to Carl Littlejohns716029 18th Line, RR#1, Innerkip, On N0J 1M0 Email:clittlejohnsorsa@live.ca   |  |

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Please note that your insurance coverage and membership with the Ontario Rural Softball Association expires on May 1 following the year in which your fees are paid.

**PRIVACY ACT:**

By providing the Ontario Rural Softball Association (ORSA) with your information on this registration form, you are giving consent to the ORSA to collect and use your information for the following purposes: receiving communications from the ORSA, Softball Ontario and Softball Canada, the publication of your Association's contact information on the ORSA'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 ORSA.

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.

**Section 2: Liability Insurance**

Liability Insurance is mandatory for play in all ORSA tournaments/playdowns

**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.