



2012 Club Affiliation Form

1251 Holy Cow Road ★ Polk City, Florida 33868-8200
(800) 533-2972 ★ Fax: (863) 325-8259 ★ Email: memberservices@usawaterski.org

For Office Use Only

CLUB INFORMATION

To join/renew **ONLINE**, visit: www.usawaterski.org/pages/clubs.html

IMPORTANT

USA Water Ski provides insurance coverage to USA Water Ski affiliated clubs in connection with sanctioned events. Please refer to the USA Water Ski Insurance Fact Summary for details. USA Water Ski affiliated clubs are also eligible to purchase insurance coverage for Club activities and exposures which fall outside of the insurance provided by USA Water Ski as part of sanctioning. Please refer to the USA Water Ski Web site for further details.

*Club/School Name _____ Club Membership # _____

*SITE INFORMATION (mandatory)

Does club utilize more than one site? No Yes (if yes, list additional sites on a separate page)

Site/Body of Water for all Club Activities _____

Site Street Address _____ City _____ State _____ Zip _____

*Club's Web Site Address _____

Is club open to new members? No Yes

SPORT DISCIPLINES (check ALL that apply)

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> 3-Event - AWS <small>(Slalom, Tricks and/or Jump)</small> | <input type="checkbox"/> Barefoot - ABC | <input type="checkbox"/> Disabled - WSD | <input type="checkbox"/> Kneeboard - AKA | <input type="checkbox"/> Ski Race - NWR |
| | <input type="checkbox"/> Collegiate - NCW | <input type="checkbox"/> Hydrofoil - USH | <input type="checkbox"/> Show Ski - NSS | <input type="checkbox"/> Wakeboard - USW |

CONTACT INFORMATION

*Specified contact information will be posted on USA Water Ski's Web site, www.USAWATERSKI.org.

All mail and e-mail correspondence from USA Water Ski will be sent to the following:

Contact Person _____ Current Membership # _____

Mailing Address _____ City _____ State _____ Zip Code _____

*Phone - Home () _____ Work () _____

*Fax Number () _____ Mobile () _____

*E-mail Address _____

| CLUB OFFICERS | NAME | CURRENT MEMBERSHIP # <small>(all club officers must be current active members of USA Water Ski)</small> |
|-----------------|------|--|
| President: | | |
| Vice President: | | |
| Secretary: | | |
| Treasurer: | | |

"We hereby apply for club membership in USA Water Ski, and acknowledge and agree:

- to abide by the rules and regulations established by USA Water Ski for club membership and sanctioned events;
- that USA Water Ski shall not be responsible for any indebtedness or acts or omissions of our club, its officers and members;
- that coverage for our club will only apply with respect to tournaments, practices, exhibitions, clinics and related activities sanctioned and approved by USA Water Ski;
- that all boats used in connection with USA Water Ski-sanctioned events must be insured in accordance with the **2012 Boat Insurance Requirements** established by USA Water Ski;
- that all club members who participate in any USA Water Ski-sanctioned events must be current Active members of USA Water Ski, and that each Active member of USA Water Ski will be required to sign a **Participant Waiver and Release of Liability** as part of membership."

Club President's PRINTED NAME _____ Membership # _____ Signature _____ Date _____

PAYMENT INFORMATION

Allow 10 days for processing club application and certificate of insurance requests. Add \$15 for rush processing (7 days)

USA Water Ski Club Membership Fee \$ **100**

Certificate of Insurance Requests **(Complete the back of this form to request certificates of insurance for third parties.)**

Please issue certificates of insurance as requested on the back of this form:

of certificates _____ @ **\$50/each** (all certificates of insurance will be e-mailed to club contact person noted above) \$ _____

Rush Processing Fee (\$15) \$ _____

Payment Method: Check/Money Order (payable to USA Water Ski) MasterCard Visa **TOTAL AMOUNT DUE:**

Credit Card # _____ Exp Date _____ CCV # _____ Auth # _____

Cardholder's Billing Address _____ Billing Zip Code _____

Cardholder's Printed Name _____ Signature _____

CERTIFICATE REQUEST #1

Complete for each third party requiring a certificate of insurance from your club with respect to USA Water Ski-sanctioned events.

NOTE: Coverage only applies with respect to tournaments, practices, exhibitions, clinics and related activities sanctioned and approved by USA Water Ski.

Certificate Holder's Name _____

Street Address _____ City _____ State _____ Zip Code _____

*Phone - Main () _____ Alternate () _____

Fax Number () _____ E-mail Address _____

Certificate is for: **NOTE: Certificates for specific sanctioned events will not be issued until event is sanctioned and approved by USA Water Ski**

Year-Round Sanctioned Event Activity by Club Specific Sanctioned Event

Specific Sanctioned Event Type: Tournament Basic Skills Clinic Practice Exhibition Sanction # _____

Event Title _____ Date(s) _____

Has the club entered into any agreement, contract or permit which contains assumption of liability, indemnification or hold harmless language?

No Yes (a copy of the document should be attached to this application)

Does the certificate holder require additional insured status? No Yes (please note relationship of additional insured)

Manager/Lessor of Premises (Landlord of Premises) Political Subdivision Permit Property Owner Sponsor

Other: _____

CERTIFICATE REQUEST #2

Complete for each third party requiring a certificate of insurance from your club with respect to USA Water Ski-sanctioned events.

NOTE: Coverage only applies with respect to tournaments, practices, exhibitions, clinics and related activities sanctioned and approved by USA Water Ski.

Certificate Holder's Name _____

Street Address _____ City _____ State _____ Zip Code _____

*Phone - Main () _____ Alternate () _____

Fax Number () _____ E-mail Address _____

Certificate is for: **NOTE: Certificates for specific sanctioned events will not be issued until event is sanctioned and approved by USA Water Ski**

Year-Round Sanctioned Event Activity by Club Specific Sanctioned Event

Specific Sanctioned Event Type: Tournament Basic Skills Clinic Practice Exhibition Sanction # _____

Event Title _____ Date(s) _____

Has the club entered into any agreement, contract or permit which contains assumption of liability, indemnification or hold harmless language?

No Yes (a copy of the document should be attached to this application)

Does the certificate holder require additional insured status? No Yes (please note relationship of additional insured)

Manager/Lessor of Premises (Landlord of Premises) Political Subdivision Permit Property Owner Sponsor

Other: _____

CERTIFICATE REQUEST #3

Complete for each third party requiring a certificate of insurance from your club with respect to USA Water Ski-sanctioned events.

NOTE: Coverage only applies with respect to tournaments, practices, exhibitions, clinics and related activities sanctioned and approved by USA Water Ski.

Certificate Holder's Name _____

Street Address _____ City _____ State _____ Zip Code _____

*Phone - Main () _____ Alternate () _____

Fax Number () _____ E-mail Address _____

Certificate is for: **NOTE: Certificates for specific sanctioned events will not be issued until event is sanctioned and approved by USA Water Ski**

Year-Round Sanctioned Event Activity by Club Specific Sanctioned Event

Specific Sanctioned Event Type: Tournament Basic Skills Clinic Practice Exhibition Sanction # _____

Event Title _____ Date(s) _____

Has the club entered into any agreement, contract or permit which contains assumption of liability, indemnification or hold harmless language?

No Yes (a copy of the document should be attached to this application)

Does the certificate holder require additional insured status? No Yes (please note relationship of additional insured)

Manager/Lessor of Premises (Landlord of Premises) Political Subdivision Permit Property Owner Sponsor

Other: _____

Questions? Contact our member services team at:

Thank you for your affiliation!

USA Water Ski Member Services Department

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