



CLUB AFFILIATION FORM

Revised 1/1/2020

For Office Use Only

1251 Holy Cow Road, Polk City, Florida 33868-8200
(863) 324-4341 Fax: (863) 325-8259 Email: memberservices@usawaterski.org

To join/renew online, visit: www.usawaterski.org/members

CLUB/TEAM INFORMATION

Club Membership # _____

*Club/Team Name _____

*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 _____

SPORT DISCIPLINES (check ALL that apply)

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

IMPORTANT

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

CONTACT INFORMATION

*Specified contact information will be posted on our Web site, www.USAWATERSKI.org.

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

Contact Person _____ Current Membership # _____

Mailing Address _____ City _____ State _____ Zip Code _____

Area Code/Phone - Home _____ Mobile _____

*E-mail Address _____

CLUB OFFICERS	NAME	MEMBERSHIP # <i>(it is recommended that club officers be current active members of USA-WSWS)</i>
President:		
Vice President:		
Secretary:		
Treasurer:		

"We hereby apply for club membership in USA Water Ski & Wake Sports (USA-WSWS), and acknowledge and agree:

- to abide by the rules and regulations established by USA-WSWS for club membership and sanctioned events;
- that USA-WSWS 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-WSWS;
- that all boats used in connection with USA-WSWS sanctioned events must be insured in accordance with the most current **Boat Insurance Requirements** established by USA-WSWS;
- that all club members who participate in a USA-WSWS sanctioned events must be current Active members of USA-WSWS, and that each Active member of USA-WSWS will be required to sign an **Annual Participant Waiver and Release of Liability** as part of membership."

Club President's PRINTED NAME _____

Membership # _____

Signature _____

Date _____

PAYMENT INFORMATION

Allow up to 5 business days for processing club application and certificate of insurance requests.

USA-WSWS Club Membership Fee \$ 125

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) \$ _____

Payment Method: Check/MO (payable to USA Water Ski & Wake Sports) Credit Card

TOTAL AMOUNT DUE: _____

For credit card, please provide the contact information for the person USA-WSWS should contact for credit card details:

Name _____ Area Code/Phone _____

CERTIFICATE REQUEST #1

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

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

Certificate Holder's Name _____

Street Address _____ City _____ State _____ Zip Code _____

Area Code/Phone _____ E-mail Address _____

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

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-WSWS sanctioned events.

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

Certificate Holder's Name _____

Street Address _____ City _____ State _____ Zip Code _____

Area Code/Phone _____ E-mail Address _____

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

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-WSWS sanctioned events.

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

Certificate Holder's Name _____

Street Address _____ City _____ State _____ Zip Code _____

Area Code/Phone _____ E-mail Address _____

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

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: USA Water Ski & Wake Sports Member Services Department | 1251 Holy Cow Road, Polk City, Florida 33868

Phone: (863) 324-4341 | Fax: (863) 325-8259 | Email: memberservices@usawaterski.org

Thank you for your affiliation!