



Amateur Sports Insurance Application- Soccer Camps

Date Prepared ___/___/___

General Information

Name of Club _____

US Club Soccer Club ID # _____

Contact Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____ Email Address _____

IOA Sports Program- Underwriting Information

Sports Camps and Clinics

1. Name of Camp _____

2. Location of Camp _____

3. Are Parental Waivers and Releases of Liability obtained from each participant? _____

If not, are you willing to put in a requirement for obtaining signed waivers from each camper? _____

4. For overnight camps, describe your facilities for overnight accommodations:

School: _____ University/College: _____

Other (Please describe): _____

5. Do all facilities conform to life safety and security code standards for dormitories? _____

Day Camps and Clinics Exposure Basis- If extra space is needed, please attach separately

Session Dates	Name & Location of Camp/ Clinic	# Days Per Session	x	# Coaches/ Day	+	# Campers/ Day	=	Total Camper Days
_____	_____	_____		_____		_____		_____
_____	_____	_____		_____		_____		_____
_____	_____	_____		_____		_____		_____

Overnight Camps and Clinics Exposure Basis- If extra space is needed, please attach separately

Session Dates	Name & Location of Camp/ Clinic	# Days Per Session	x	# Coaches/ Day	+	# Campers/ Day	=	Total Camper Days
_____	_____	_____		_____		_____		_____
_____	_____	_____		_____		_____		_____
_____	_____	_____		_____		_____		_____

Clarification

By signing this application, I hereby verify that the information provided is true and correct.

Applicant's Signature _____

Print Name & Title _____ Date _____