

Insurance Application Form 2017 – 2018

OCF Insurance Policy commences June 15, 2017 and expires June 15, 2018

CONTACT INFORMATION	Full Club/School Name	
	Mailing Address	
	Street	Unit
	City	Postal Code
	Contact Person Name	
	Primary Phone Number	Secondary Phone Number
Email (please print clearly)		

FACILITY INFORMATION	Location 1 Address: <input type="checkbox"/> Leased <input type="checkbox"/> Owned <input type="checkbox"/> Rented	Location 2 Address: <input type="checkbox"/> Leased <input type="checkbox"/> Owned <input type="checkbox"/> Rented
	Street	Street
	City Prov Postal Code	City Prov Postal Code
	Phone Number:	Phone Number:
	List All Equipment used by athletes/coaches in the facility	

INSURANCE

INDIVIDUAL INSURANCE	Total # of Athletes	
	Total # of Coaches/Administrators	
	TOTAL Athletes, Coaches, Administrators	
	Total X \$25	
	X PST (8%)	\$
	Total Individual Insurance	\$
LEGAL LIABILITY INSURANCE	Club teams require the Club/Commercial Policy, if purchasing athlete insurance	\$ 50.00
	X PST (8%)	\$
	Total Club/Commercial Fee	\$

ADMINISTRATION FEE \$ 50.00

TOTAL INSURANCE TO BE PAID \$ _____

PLEASE SCAN THIS FORM AND EMAIL TO: jenniferbenwa@gmail.com

PAYMENT: All payments MUST be made to ONTARIO CHEERLEADING FEDERATION

PLEASE MAIL PAYMENTS TO: ONTARIO CHEERLEADING FEDERATION
 13 Black Knight Rd, St. Catharines, Ontario, L2N 3B9

List of Coaches/Administrators

Name	Position Coach/Administrator/Director/Teacher Advisor
1)	
2)	
3)	
4)	
5)	

List of Athletes

Team:

Level:

Name	DATE OF BIRTH	Age OR Grade	Name	DATE OF BIRTH	Age OR Grade
1)			25)		
2)			26)		
3)			27)		
4)			28)		
5)			29)		
6)			30)		
7)			31)		
8)			32)		
9)			33)		
10)			34)		
11)			35)		
12)			36)		
13)			37)		
14)			38)		
15)			39)		
16)			40)		
17)			41)		
18)			42)		
19)			43)		
20)			44)		
21)			45)		
22)			46)		
23)			47)		
24)			48)		