



Provincial Women's Softball Association of Ontario

February, 2012

INSURANCE RENEWAL ASSOCIATED TEAMS (NON-AFFILIATED TEAMS)

The P.W.S.A. Insurance program for the 2012 ball season is being offered for teams associated (not affiliated) with the P.W.S.A. Dates of coverage are from March 19, 2012 to March 19, 2013, inclusive.

The rates for this Insurance, **per team**, are as follows:

\$24.00 (HST included) for Liability Insurance **only**

\$55.00 (HST included) for Accident and Liability Insurance

Executive Members of Associations, Leagues and Teams can obtain coverage as well, at no cost, if **all teams** within their Association or League apply for Insurance.

To renew or obtain coverage please complete the enclosed insurance form and forward with respective fees. Upon receipt of the fees and insurance form a copy of the insurance certificate and all other pertinent information will be forwarded to the contact person indicated. **Please complete the insurance information form completely indicating your age break down and programs offered. This information helps us with the planning of programs, implementation of new programs and especially with Ministry funding requests.**

Additional insured fees are **\$75.00** per request (school boards, cities, etc.) When requesting additional insured coverage the following information is required: name of additional insured, address, contact person and fax number. Fees are payable in advance, no requests will be completed without all information and fees. Additional insured requests are faxed directly via the insurance company to the party requesting coverage.

***NEW:** Leagues/Associations requiring umpire insurance must request this coverage through Softball Ontario. Please note that umpires are not covered under the PWSA insurance program. **Please complete umpire form included and forward to Softball Ontario.**

Special Events Coverage is available on request and approval of the P.W.S.A. A fee of **\$50.00 per event** (HST included), is charged. **Special event coverage will not be extended to any events where alcohol is being served.** For Special Events Coverage, please forward your request in writing advising us of the date, location and type of event you want covered and forward your cheque for the correct amount together with your request.

For further information, please feel free to contact us at the number provided below.

Regards:

Debbie DeMoel
PWSA Insurance Co-Ordinator, Associated Teams
50 Capri Street
Thorold, ON L2V 4S8
Phone: (905) 227-7574
Email: jondeb50@cogeco.ca





P.W.S.A. INSURANCE INFORMATION FORM

FAST PITCH SOFTBALL ASSOCIATION OR LEAGUE INFORMATION (NON AFFILIATED TEAMS ONLY)

Association Name: _____
 Contact Person: _____ Phone Number: _____
 Address: _____ Postal Code: _____ Province: _____
 City: _____ Email Address: _____
 Web Site: _____

INSURANCE DETAILS

Liability Insurance for Fast Pitch Teams

of Associated Teams Adult _____ @ \$24.00 / Team
 # of Associated Teams Minor _____ @ \$24.00 / Team
 Total Liability Insurance: \$ _____

Accident & Liability Insurance for Fast Pitch Teams

Number of Adult Teams _____ @ \$55.00 / Team
 Number of Minor Teams** _____ @ \$55.00 / Team
 Total Accident & Liability \$ _____

Additional Insurer requests @ 75.00 each (please provide information)

Total Due: \$ _____

* Accident Insurance is NOT available unless Liability Insurance has been purchased.

** Minor Teams must have players under 19 years of age

NOTE: INSURANCE FOR UMPIRES MUST BE OBTAINED FROM SOFTBALL ONTARIO

ASSOCIATED (HOUSE LEAGUE) REGISTRATION DETAILS

Please include the information below regarding **Associated (House League) Teams only**. Do not count players or teams involved in your Representative Program in the fields below. To ensure players are properly recorded, please count each player only once. For example, a player who plays both House League and Select counts as only one (1) player. **Requests for additional insurer must include name of facility, address, contact person & fax number. Additional insure certificates are faxed directly via the insurance company to the facility.**

Player Information

Please indicate the number of Male and Female players registered in each age group (Player age as of January 1, 2012).

Male	Under 8	_____	Female	Under 8	_____
	Under 10	_____		Under 10	_____
	Under 12	_____		Under 12	_____
	Under 14	_____		Under 14	_____
	Under 16	_____		Under 16	_____
	Under 19	_____		Under 19	_____
	Adult	_____		Adult	_____

Program Information

Please check () all programs your Association offers, and indicate the number of players participating in each program.

Programs	Offered (<input checked="" type="checkbox"/>)	# of Participants
Learn to Play	_____	_____
BlastBall	_____	_____
T-Ball	_____	_____
Coach Pitch	_____	_____
Select	_____	_____
Slo Pitch	_____	_____
Other (Specify):	_____	_____

Team Information

Please indicate the total number of teams registered in your Association, as well as the average number of Players per team.

of Male Teams: _____
 # of Female Teams: _____
 # of Co-Ed Teams: _____
 Average # of Players / Team: _____

Coaching Information

Please indicate the total number of male and female coaches, as well as the total number of volunteers in your Association.

of Male Coaches: _____
 # of Female Coaches: _____
 Average # of Coaches / Team: _____
 # of Volunteers: _____

NOTE: Representative (Rep) Teams may be required to submit further information to become Affiliated with the PWSA.

Make Cheques payable to the Provincial Women's Softball Association or P.W.S.A

Send to: Debbie DeMoel
 P.W.S.A. Insurance Coordinator, Associated Teams
 50 Capri Street
 Thorold, ON
 L2V 4S8

PRIVACY ACT

By providing the Provincial Women's Softball Association (PWSA) with your Association's information on this registration form, you are giving consent to the PWSA to collect and use your Association's information for the following purposes: of receiving communications from the PWSA and Softball Ontario, the publication of your Association's contact information on the PWSA's and Softball Ontario's web site to assist in promoting registration, and the reporting of registration information to Softball Ontario. Association contact information and program offerings will also be released to potential participants to assist in placing them in 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 PWSA.

SIGNATURE

Signature _____ Date _____



2012 SOFTBALL ONTARIO VOLUNTEER UMPIRE MEMBERSHIP

3 CONCORDE GATE, TORONTO M3C 3N7 TEL: 416-426-7150 FAX: 416-426-7368



GENERAL INFORMATION

Last Name:		First Name:		Umpire No.:	
Address:			Postal Code:	Province:	
City:			Email:		
Phone (h):			Phone (Cell):		
Date of Birth:	/	/	(MM/DD/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Zone: FP _____

VOLUNTEER UMPIRE CATEGORY

The Volunteer Umpire Category is created for those individuals who are 19 years and up who wish to officiate only at the one (1) House League and/or one (1) Local League and/or one (1) Recreation level within their own local association and have never registered with Softball Ontario before in any membership category.

What is a Volunteer Umpire?

- A Volunteer Umpire is a person who officiates a game of Softball and does not receive any sort of compensation for their services

Who is Eligible to Apply?

- Individuals who are 19 years and older who wish to officiate Softball at the House League, Local or Recreation level in the game of Fast Pitch for an association that is affiliated with P.W.S.A., O.A.S.A. or O.R.S.A.

What are the Conditions of Membership?

When officiating at any local organized Fast Pitch games including exhibition and tournaments hosted by your local association and local league play ONLY. The Volunteer Umpire has to abide/adhere to the following:

- No Game Fees - funds issued for services render after or before each game
- No Honorarium - flat fee issued to play someone for their services
- No Travel Assistance - payment for people to travel to and from the ball park
- No discount in Player registration (i.e. Dad officiate his sons game so the Player Registration fees are lower)
- No Benefits in Kind received

What Level of Softball can I Officiate?

You can officiate at one (1) of the following:

- Fast Pitch House League Level
- Fast Pitch Local League Level
- Fast Pitch Recreational Level

What Clothing can a Volunteer Umpire Wear?

The Volunteer Umpire must not wear the following Softball Ontario/Softball Canada Umpire items:

- Pro Mesh Golf Shirt with the Softball Canada logo on the left chest and the Softball Ontario on the left sleeve
- Pro Mesh Golf Shirt with the Softball Canada logo on the left chest
- Softball Ontario Junior Umpire T-Shirt
- Or any Clothing with the Softball Canada and/or Softball Ontario crest attached

What are the Benefits that I Receive as a Volunteer Umpire from Softball Ontario?

- Liability Insurance coverage only

What is the Length of Membership and Liability Coverage?

The Liability Insurance is effective from April 1, 2012 to April 1, 2013

Can I Upgrade to the FP Local Umpire Category?

Yes! At any time you can upgrade your membership category. Please contact the Softball Ontario office at 416-426-7150.

VOLUNTEER UMPIRE REGISTRATION OPTIONS

Please check mark [✓] which level of ball you are officiating:

House League: [] FP	Local League [] FP	Recreational Level [] FP
<input type="checkbox"/> O.A.S.A. <input type="checkbox"/> P.W.S.A. <input type="checkbox"/> O.R.S.A.	<input type="checkbox"/> O.A.S.A. <input type="checkbox"/> P.W.S.A. <input type="checkbox"/> O.R.S.A.	<input type="checkbox"/> O.A.S.A. <input type="checkbox"/> P.W.S.A. <input type="checkbox"/> O.R.S.A.

Name of Association/League:	Contact Name:
Contact Phone:	Contact Email:

Enclosed is my payment of \$4.00 (\$3.54 + hst \$0.46) for the Softball Ontario Umpire Volunteer Registration Fee.

Cheque or Money Order to be made payable to **SOFTBALL ONTARIO** (HST No. BN #12602 1195)

Method of Payment: [] Visa [] MasterCard Must complete the following if payment by Visa or MasterCard:

Card No. _____ Expiry Date: ____ / ____ Signature: _____

Yes, I agree to **ALL** of the above conditions for this membership category and I know that if I receive any compensation for officiating as noted above; or officiate at more than one Fast Pitch House League Level, Fast Pitch Local League Level or Fast Pitch Recreational Level ; it will render my insurance coverage invalid.

PRINT NAME:	SIGNATURE:	DATE:
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