

ONTARIO CHEERLEADING FEDERATION INSURANCE APPLICATION/PROOF OF INSURANCE REGISTRATION YEAR 2008-2009

TYPE OF MEMBERSHIP <input type="checkbox"/> SCHOOL <input type="checkbox"/> CLUB <input type="checkbox"/> OTHER	FACILITY IS <input type="checkbox"/> RENTED/LEASED <input type="checkbox"/> OWNED <input type="checkbox"/> SCHOOL	REGION <input type="checkbox"/> CENTRAL <input type="checkbox"/> EAST <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH	MEMBERSHIP <input type="checkbox"/> NEW <input type="checkbox"/> REPEAT
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CLUB/ORGANIZATION DATA	REGISTERED FULL NAME OF CLUB/SCHOOL			
	CLUB/SCHOOL CONTACT NAME		CONTACT TELEPHONE ()	CONTACT FAX ()
	MAILING ADDRESS			
	(City/Town)	(Province)	(Postal Code)	CONTACT EMAIL:
	NOTE: CLUB/SCHOOL CONTACT IS RESPONSIBLE FOR DISTRIBUTING ALL OCF INFORMATION TO APPROPRIATE CLUB/ ORGANIZATION PERSONNEL			
	FACILITY ADDRESS (STREET/P.O. BOX/UNIT NO.) IF DIFFERENT FROM ABOVE : FOR INSURANCE PURPOSES, <u>PLEASE ADD A LIST OF ALL YOUR FACILITIES.</u>		FACILITY TELEPHONE ()	FACILITY FAX ()
			FACILITY EMAIL:	
(City/Town)	(Province)	(Postal Code)	CLUB WEBSITE ADDRESS:	

THE DOCUMENTATION BELOW IS REQUIRED IN ORDER TO PROCESS YOUR APPLICATION FOR INSURANCE	IF YOU ARE NOT APPLYING FOR INSURANCE PLEASE PROVIDE SCHOOL OR CLUB PROOF OF INSURANCE
<input type="checkbox"/> SIGNED AND DATED MEMBERSHIP FORM <input type="checkbox"/> MEMBERSHIP FEE <input type="checkbox"/> COMPLETED INSURANCE APPLICATION <input type="checkbox"/> INSURANCE LIABILITY FEE (CLUBS ONLY) <input type="checkbox"/> INDIVIDUAL SPORT ACCIDENT LIABILITY INSURANCE FEE <input type="checkbox"/> COMPLETE TEAM ROSTER	

TERMS & CONDITIONS

I, _____, (Club President/Owner or Secretary) certify that by affixing my name to this document, I have read, understood and agree to the terms outlined as follows. This application is made with the understanding that, if accepted, the Club/Organization will be governed by the By-Laws, Regulations, Policies and Procedures of the Ontario Cheerleading Federation. In this regard, we remind you that clubs are required to register all individual members on a continuing basis over the course of the year as soon as they join a club program. Clubs will be required to verify their membership numbers if the Ontario Cheerleading Federation has reasonable grounds for concern that not all members have been registered.

The Ontario Cheerleading Federation requires the designated club to verify membership numbers by signature of the President/Owner or Secretary of the club within seven (7) days when requested to do so. The Ontario Cheerleading Federation has the right to request financial statements, to access class lists, to do spot audits and to send a representative into the clubs. Financial statements are to be used for the purpose of membership and insurance verification as well as fee payments. We advise that failure to satisfy the reasonable concerns of the Ontario Cheerleading Federation with regard to the accuracy of a club's registration of members, may result in non-acceptance, termination or suspension of club membership.

PRESIDENT OR SECRETARY – PLEASE PRINT NAME	SIGNATURE	DATE SIGNED (D/M/YR)

Fee for Insurance \$150.00+ \$15.00 per athlete.

PLEASE FORWARD COMPLETED MEMBERSHIP APPLICATION PACKAGE TO:

The ONTARIO CHEERLEADING FEDERATION
c/o OCF Registrar Stephanie Macleod
4456 Cedar Springs Road,
Burlington ON
L7R 3X4

EMAIL: registrar@ocfcheer.com : WEBSITE: www.ocfcheer.com

