



## 2010 Club Insurance Application:

Please provide the following:

Name of Club: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact numbers:

Home: (     ) \_\_\_\_\_ - \_\_\_\_\_ Work: (     ) \_\_\_\_\_ - \_\_\_\_\_

Fax: (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell: (     ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

**PROGRAM FEE: \$300.00 (Due May 15<sup>th</sup>, 2010)**  
*Cheque is made payable to Water Ski Manitoba.*

**\$450.00 PROGRAM FEE IF PAYMENT IS NOT RECEIVED BY May 15<sup>th</sup>, 2010**

### Club Executive:

In order to remain a member on the Board of Directors of Water Ski-Wakeboard Manitoba, with voting privileges and insurance purchase privileges, clubs must be members in good standing.

Each club is required to register its elected officers and a list of names of either 5 or 10 members along with a \$35.00 membership fee for each member.

1. President: \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Water Ski- Wakeboard Manitoba**  
145 Pacific Avenue • Winnipeg • Manitoba • R3B 2Z6  
(204) 925-5700 • (204) 925-5792 fax  
email: [waterski@waterski.mb.ca](mailto:waterski@waterski.mb.ca) visit: [www.waterski.mb.ca](http://www.waterski.mb.ca)

**Activities:**

All Sport Insurance is not prepared to include the recreational cottage skier under their policy. However, skiers/wakeboarders who are participating in authentic club and ski school activities will be covered providing those activities are recognized by Water Ski-Wakeboard Manitoba. For that reason it is necessary for you to articulate the activities planned for the 2010 season for which insurance is required. For example: 4 tournaments, 2 coaching clinics, daily instruction programs. Please be specific and detailed. Attach additional paper if space below is insufficient. Activities must be listed in order to be covered.

- 1. \_\_\_\_\_ Anticipated #: \_\_\_\_\_
- 2. \_\_\_\_\_ Anticipated #: \_\_\_\_\_
- 3. \_\_\_\_\_ Anticipated #: \_\_\_\_\_
- 4. \_\_\_\_\_ Anticipated #: \_\_\_\_\_
- 5. \_\_\_\_\_ Anticipated #: \_\_\_\_\_
- 6. \_\_\_\_\_ Anticipated #: \_\_\_\_\_

**Additional Insured**

List the names, addresses and phone numbers of those parties who you want listed as additional insured and specify the nature of their involvement with your club, region and or ski school.

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Agreement:**

**Yes,** I agree to have all participants, club and/or camp members and non-members, sign a waiver form prior to their participation (this form will be included with a copy of your policy).

**Yes,** I agree to forward an Accident Report Form to Water Ski- Wakeboard Manitoba in situations where there may be a claim against the policy (these forms will be included with a copy of your policy)

**Yes,** I agree to register all our club/camp participating members with WSWM at the “active” member level or equivalent and submit this information to WSWM for inclusion in the policy.

\_\_\_\_\_  
Club Authorization Signature

\_\_\_\_\_  
Date

Should you have any specific questions, please contact the WSWM office directly.  
Please forward your completed application by **May 15<sup>th</sup>** to:

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