2021 HOSTED TOURNAMENT ENROLLMENT FORM

Insurance for Dixie Youth Baseball, Inc.
Underwritten by National Casualty Company
LIMITS: $2,000,000 Combined Single Limit for Bodily Injury and Property Damage Liability
$100,000 Accident Medical / $250 Deductible / Accidental Death & Specific Loss (No Coverage)
TYPE OR PRINT – USE BLACK INK

1) APPLICANT NAME: Dixie Youth Baseball, Inc.

TOURNAMENT HOST Dixie Youth Baseball Franchise #: _____		
Organization Name (Be Specific):		
Contact Name:		
Mailing Address:**		
City:	**State:**	**Zip:**
Email:**	**Website:**	
Home Phone: ( )	**Daytime Phone: ( )**	**Fax #: ( )**
Additional Authorized Contact:	**Daytime Phone #: ( )**	**Email Address:**

2) TYPE OF COVERAGE APPLIED FOR:

☒ HOSTED TOURNAMENT COVERAGE		
TOURNAMENT NAME: _____		
TOURNAMENT DATES: _____ TO _____		
TOURNAMENT LOCATION:		
Street Address:		
City:	**State:**	**Zip:**

3) ENTER YOUR TOTAL NUMBER OF TEAMS PARTICIPATING IN TOURNAMENT

DIVISION	AGE GROUP	# OF TEAMS	X	PREMIUM PER TEAM	=	PREMIUM
Majors	12 & Under		X	$22.38	=	$
O-Zone	12 & Under		X	$22.38	=	$
Minors	10 & Under		X	$22.38		
T-Ball-Coach Pitch	8 & Under		X	$22.38	=	$
Buddy Ball (player assisted/handicapped)	16 & Under		X	$22.38	=	$
				TOTAL PREMIUM:		$

4) COVERAGE EFFECTIVE DATE: Specified tournament dates

5) Enclosed is our check made payable to SADLER & COMPANY. Acceptance of this insurance confirms your desire to obtain insurance through the Sports, Leisure & Entertainment Risk Purchasing Group. I understand that the premium charge listed above includes a Risk Purchasing Group fee. I acknowledge that I have read, understand and agree to the terms and conditions of coverage as detailed in the General Liability Plan Description.

Date:	**Signature of League Official:**

Your Organization Name
(Page 2 of 2):

6) Certificate Of Insurance (COI) Request: Please indicate the entities below that require a COI and complete the requested information. *If you do not provide the complete mailing address & indicate the Relationship we cannot issue the COI. Property Owners/Lessors and Sponsors are automatically included as Additional Insureds on the General Liability policy (if purchased) and will be shown as such on the COI. Please note that COI's will not be sent directly to these entities – they will be sent to you for you to deliver.*

If your certificate holder requires any special wording or forms, please send a copy for our review.

(1) Name:			
Mailing Address:			
City:	State:	Zip:	
Relationship to you: ❑ Property Owner/Lessor ❑ Sponsor ❑ Other:_____	❑ CG2011 ❑ CG2026	❑ Waiver of Subrogation ❑ Endorsement Required	
(2) Name:			
Mailing Address:			
City:	State:	Zip:	
Relationship to you: ❑ Property Owner/Lessor ❑ Sponsor ❑ Other:_____	❑ CG2011 ❑ CG2026	❑ Waiver of Subrogation ❑ Endorsement Required	
(3) Name:			
Mailing Address:			
City:	State:	Zip:	
Relationship to you: ❑ Property Owner/Lessor ❑ Sponsor ❑ Other:_____	❑ CG2011 ❑ CG2026	❑ Waiver of Subrogation ❑ Endorsement Required	

If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.

SIGN AND SEND THIS ENROLLMENT FORM WITH YOUR CHECK PAYABLE TO: SADLER & COMPANY, INC.:

(Remember – Coverage is effective the date the check & completed enrollment form are received in our office.)

OPTION 1	***OPTION 2***	***OPTION 3***
FAX TO:	***OVERNIGHT DELIVERY:***	***U. S. MAIL:***
(803) 256-4017	**SADLER & COMPANY, INC.** **Attn: Sports Department** **3014 DEVINE ST., 2ND FLOOR** **COLUMBIA, SC 29205**	**SADLER & COMPANY, INC.** **Attn: Sports Department** **PO BOX 5866** **COLUMBIA, SC 29250-5866**
Follow Attached HOW TO FAX A CHECK Instructions	***Phone: (803) 254-6311***	*(Allow 6 business days for processing)*

For immediate proof of coverage use our online application at www.sadlersports.com/dixiey

Email: dixie@sadlersports.com

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2021 HOSTED TOURNAMENT GENERAL LIABILITY & ACCIDENT INSURANCE PLAN DESCRIPTION *(Underwritten by National Casualty Company)*

THIS BROCHURE IS FOR ILLUSTRATIVE PURPOSES ONLY AND NOT A CONTRACT OF INSURANCE.
YOU MUST REFER TO THE POLICY FOR COMPLETE INFORMATION ON POLICY COVERAGES, LIMITS AND EXCLUSION

SEXUAL ABUSE / MOLESTATION COVERAGE REQUIREMENTS

Coverage for sexual abuse and molestation will not apply unless the insured team or league implements the following requirements.

1. Has a system in place to perform criminal background checks on all managers, coaches and other authorized adult participants in the league who have repetitive access to and close contact with minor athletes.
2. Has written procedures that include sexual abuse and molestation prevention
3. Has written procedures that include a response plan for allegations of sexual abuse or molestation including a requirement that law enforcement be contacted.

Sadler Sports Insurance provides a one page document that if adopted and implemented will satisfy these requirements. See Abuse/Molestation Risk Management Program – Short form at:
www.sadlersports.com/riskmanagement

WAIVER AND RELEASE FORMS:

IT IS STRONGLY RECOMMENDED THAT ALL PLAYERS AND PARENTS SIGN THE RECOMMENDED WAIVER/RELEASE FORM THAT IS ATTACHED TO THIS BROCHURE. ANSWERS TO YOUR QUESTIONS ABOUT WAIVER/RELEASE FORMS CAN BE FOUND UNDER THE RISK MANAGEMENT SECTION OF THE WEBSITE AT **www.sadlersports.com/dixiey**

DEFINITION OF ELIGIBLE PERSONS:

All registered players ages 16&under, coaches, staff member and volunteers performing their normal duties.

COVERED ACTIVITIES:

Youth baseball tournaments that are hosted and under the supervision of the plan sponsor.

ACCIDENT COVERAGE:

Excess provision for Medical Expense Benefit: The benefits provided under the plan selected are excess to any valid and collectible coverage. In the absence of other coverage, this policy will provide primary benefits, subject to the deductible shown above.

- **Accident Medical – Excess Limit $100,000**
- **Deductible – Per Claim $250**
- **Accidental Death & Specific Loss No Coverage**

WHAT ARE THE ACCIDENT BENEFITS:

Nationwide will pay excess over and above any amount(s) paid or payable under any other insurance plan or union welfare plan, or prepayment arrangement, any federal, state, or other governmental plan or law, whether provided on an individual basis or by membership in an association whether insured or uninsured, incurred as the result of any one accident up to the maximum benefit indicated in the plan selected and subject to the plan's deductible.

GENERAL LIABILITY LIMITS:

$2,000,000	**Each occurrence Limit - Combined Single Limit Bodily Injury and Property Damage, including Premises/Operations, Products/Completed Operations, Personal and Advertising Injury, Contractual Liability, and Participants Legal Liability**
$2,000,000	**Products/Completed Operations aggregate**
$1,000,000	**Fire Damage Legal Liability (any one fire)**
$2,000,000	**Non-Owned/Hired Auto Liability**
$ 5,000	**Medical Expense Payments (any one person)**
$2,000,000	**Sexual Abuse and Molestation ($2,000,000 per League Aggregate)**
Cost of investigation of covered claims, defense of suits, and other legal expenses are paid by the Company in addition to the above limits.	

NON-OWNED AND HIRED AUTO LIABILITY COVERAGE

Provides coverage if the league is sued as a result of liability arising out of the use of an auto on league business if such auto is not owned by the league (ex: parent's auto, auto that is borrowed from a church or is hired from a rental car company). Coverage is excluded for 15 passenger vans. There is no coverage for the driver of any auto while transporting youth or adult participants. This policy does not cover physical damage to the non-owned or hired auto itself and as a result, separate arrangements must be made for such coverage.

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Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to
Name of Minor Child/Ward

participate in any way in the _____related events and activities, the
Legal Name of Your Sports Program, Ex: League Name

undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,

I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,

I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS_____;
Legal Name of Your Sports Program, Ex: League Name

its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ _____

(PARENT/GUARDIAN SIGNATURE) (PRINT NAME)

Date Signed: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

_____ _____

(PARTICIPANT SIGNATURE) (PRINT NAME)

Date Signed: _____

NOTE: This is a SAMPLE WAIVER FORM only. Final wording should be as directed by the insured's counsel, but must observe the principles represented within the above. This form provided courtesy of K&K Insurance Group.

This signed waiver/release should be kept on file by the sports organization for at least 7 years or possibly longer if the player has been involved in a serious injury.

Abuse / Molestation Risk Management Program (Short Form)

For _____ (*insert name of sports organization*)

The sports organization has adopted and will implement the following risk management elements:

Criminal Background Checks

Criminal background checks will be run with a third party vendor on all paid and volunteer staff with access to youth. Any background check that indicates that a potential staff member is unfit to work with youth will result in disqualification of such staff member.

Prior to running background checks, the following steps should be taken*****:

- All prospective staff to complete written application to include question about whether the applicant has ever been convicted of a crime involving physical violence / sex offenses, and a consent provision to run a background check.
- Determine disqualification criteria
- Protect confidentiality of records
- Comply with all state and federal laws

***** (More information is available from background check vendor or Sadler Sports Insurance under Risk Management section of website.)

Warning Signs Of Abuse / Molestation

The following warning signs will be communicated to all paid and volunteer staff:

- Attitudes/behaviors expressed on the part of an adult that may be associated with inappropriate or abusive behavior (racist, poor sense of athlete development, raging temper, extremely controlling, jealous, hypersensitive, poor sexual boundaries, bullying, intimidating manner, unrealistic or inappropriate training practices and risks, etc.)
- Unexplained/unlikely explanation of injuries.
- Extreme fear of a league volunteer;
- Extreme low self-esteem, self worth;
- A child's attachment to a coach/staff to the point of isolation from others'
- A coach/staff with an interest beyond caring concerns, special interest in a child (time, gifts, attention, obsession, unrealistic expectations)
- A child's desire to drop out without a clear explanation, or without one that makes sense;
- A child that misses a lot of practices or games with suspicious explanations or excuses.

Policies To Protect Against

The following policies will be communicated to all paid and volunteer staff:

- Limit one on one contact between a single unrelated child and adult by use of buddy system where two adults are always present.
- Prohibition of overnight sleepovers
- Touch is acceptable only if it is "respectful and appropriate"
- Inappropriate comments of a sexual nature and suggestive jokes are prohibited
- Take home / pick up of athletes by league personnel is strongly discouraged because of difficulty in limiting one on one contact

What Is Required In Event Of An Allegation

Appropriate league official and police will be immediately contacted. Police will handle investigation.

Staff member will be immediately suspended or reassigned to alternative duties that don't involve access to youth pending the outcome of the police investigation.

League officials will not comment on the allegation or police investigation until it has been concluded.

Communication Of Information

The information in this risk management program can be communicated by pre season staff meeting and/or by distribution of this document to all paid and volunteer staff.

Our sports organization has adopted this program and incorporated it into our written policies and procedures.

Name of authorized league official: _____

Signature: _____ Date: _____

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