

USA Roller Sports 4730 South Street, Lincoln, NE 68506 402.483.7551 phone 402.483.1465 fax

INDIVIDUAL MEMBERSHIP REGISTRATION 2014 MEMBERSHIP SEASON

402.483.7551 phone	402.483.1465 fax 2014 MEMBERSHIP SEASON
PLEASE	E PRINT
LAST NAME FIRST NAME	MI SOCIAL SECURITY #
ADDRESS	
CITY	TE ZIP CODE+FOUR
	T-
AREA CODE AND PHONE NUMBER SEX DATE OF BIF	BIRTH EMAIL ADDRESS (MANDATORY)
CHECK APPROPRIATE M	NEMBERSHIP CATEGORY
SPEED (\$65) Renew my officials credentials at no additional charge	PLUE
FIGURE (\$65) Renew my officials credentials at no additional charge	
RECREATION (\$55) INCLUDES: Jam Skating & Fitness Skating	*World Team Endowment (enter amount *National Museum of Roller Skating (\$35)
AGGRESSIVE INCLUDES: Skateboard (\$60), Extreme Inline (\$60) RINK HOCKEY INCLUDES: Select (\$50), House (\$20)	*See back for details
NONCOMPETITIVE (\$65) (For Club Officers) Renew my officials credenti-	
INLINE HOCKEY INCLUDES: Select (\$50), Travel (under member organizar	
ROLLER DERBY INCLUDES: Adult Derby (\$60), Derby Official (\$60)	
CLUB/LEAGUE NAME FACILITY NAME	CITY STATE
SIGNATURE OF CLUB OFFICER VERIFYING MEMBERSHIP (unsigned applications	s will be recorded as "unattached") CLUB ID
	·
WAIVER & RELEASE OF LIABILITY, ASSUMPTION OF RISK AI	
In consideration of being allowed to participate in the USA ROLLER SPORTS (USARS) sports	rts programs and related events for the 2014 season, January 1, 2014 through Decemb
31, 2014 the undersigned agrees:	
	d truthful and hereby make application to USARS for amateur registration with which to
identify myself at sanctioned competitions, exhibitions and other appropriate occasions. I for	
registration and agree to observe the Amateur Code of Conduct, in spirit as well as in lette	
· · · · · · · · · · · · · · · · · · ·	tions or inactions of others participating in these activities. I understand the nature of
USARS' activities and believe that I (or my minor child) am/are qualified and physically fit	
am aware that the activity will be conducted in facilities open to the public. As a skater, p	
event I will inspect the facilities to be used and if believing conditions to be unsafe, I will	Il immediately advise my coach or the meet director of this condition and refuse to
participate unless corrected.	
·	oodily injury, including permanent disability, paralysis and death, and economic losses
which might result not only from a skater's actions, inactions or negligence, but the action	on, inaction, or negligence of others, the rules of competition, or the condition of the
premises or any equipment in use. I fully accept and assume all such risks and responsibi	bilities for losses and costs and damages incurred as a result of my participation in USAF
activities or arising out of my traveling to or returning from such activities or practice sess	
4. I hereby release, discharge, covenant not to sue, and agree to hold harmless U	USARS, their administrators, directors, agents, officers, volunteers and employees, other
participants, any sponsors, advertisers, and where applicable, owners and lessors of premises	ses and their employees on which the activity takes place (collectively "Releasees"), from
all liability, claims, demands, losses, or damages caused or alleged to be caused in whole of	
Releasees that arises out of or in any way relates to my participation or involvement in a	
MINOR, AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM A	•
INCURRED AS A RESULT OF ANY SUCH CLAIM.	
I have read this agreement and fully understand its terms, understand that I have given up	up substantial rights by signing it, and have signed it freely and without any inducemen
or assurance of any nature and intend it to be a complete and unconditional release of all	
agreement is held to be invalid that the balance, not withstanding, shall continue in full fo	
application to USARS Headquarters before insurance benefits associated with this membership	
	CREDIT CARD INFORMATION
Printed Name of Participant	CREDIT CARD INFORMATION
Printed Name of Participant	CREDIT CARD INFORMATION Card Number:CCV#:
	CREDIT CARD INFORMATION
Printed Name of Participant	CREDIT CARD INFORMATION Card Number: CCV#: Expiration Date: Billing Zip Code:
Printed Name of Participant Signature of Participant Date	CREDIT CARD INFORMATION Card Number:CCV#:
Printed Name of Participant	CREDIT CARD INFORMATION Card Number:CCV#: Expiration Date: Billing Zip Code: Name on Card:
Printed Name of Participant Signature of Participant Date	CREDIT CARD INFORMATION Card Number: CCV#: Expiration Date: Billing Zip Code:

USA ROLLER SPORTS ACCIDENT INSURANCE INFORMATION

Effective Date

The effective date for the USA Roller Sports excess accident/medical expense benefit program is the time the athlete signs and dates this application and remits full payment to a USARS representative, initiating the individual into the master policy and confirming membership in USA Roller Sports. This application and full payment must be received at USARS Headquarters, 4730 South Street, Lincoln, NE 68506, within 10 days of the date on the application in order for the insurance to remain valid. Giving payment to a coach or club president could compromise your insurance coverage if the preceding timeline is not followed.

Who and What is Covered

Competitors/Coaches-Registered member skaters/coaches of USA Roller Sports are provided with excess (secondary) accident/medical expense benefits for injuries occurring ON SKATES limited to organized and supervised practice sessions held within USA Roller Sports chartered club facilities, or during USA Roller Sports sanctioned competitions and/or USA Roller Sports training sessions sanctioned by national headquarters specified to occur outside of club facilities. The event must be supervised by a club officer (or an official USA Roller Sports coach) or the USA Roller Sports designated leader of an USA Roller Sports sponsored event. The individual will be required to certify the validity of the claim being submitted. No coverage is extended to a skater injured while on skates, but who is not in training for USA Roller Sports competitions.

Non-Competitive Card Holders/USA Roller Sports Officials-Coverage is limited to accidents occurring both on or off skates while actually participating in a competition that is in progress.

What is Not Covered

Training off skates or training outside of chartered club facilities, unless specified by a USA Roller Sports sanction, or any injury occurring while on skates but while not training for USA Roller Sports competitions is <u>not</u> covered. Sickness is <u>not</u> covered. Pre-existing conditions are <u>not</u> covered and shall mean any condition for which treatment has been provided within (6) months prior to such injury. Re-injury <u>is</u> considered a pre-existing condition.

Excess Coverage-All benefits are payable on an EXCESS BASIS. This means that your primary policy must pay the charge on each bill (that are payable under that policy's contract) before this insurance will pay. Proof of these payments must be submitted to the claims payer.

Accident Medical Expense-If, as a result of an injury, an insured incurs covered expenses starting within 30 days of the date of the accident, up to the maximum amount will be paid for covered expenses incurred within 26 weeks of the initial injury. For current maximum amount contact the USARS National Headquarters.

Deductible-A deductible is applied per accident and you are responsible for the deductible amount in Medical and/or Dental expenses before any benefits are payable. Please note that there are different deductible amounts that apply and you should refer to the actual policies for details.

Basis For Payment-"Usual and Customary" or "Reasonable and Customary" rates. Your doctor's billing clerk will understand these terms. You will be responsible for any amount that exceeds total payable benefit.

Accident Report & Claims Forms - An accident report (available online) <u>must</u> be filed with USA Roller Sports by the injured individual and signed by a club officer within 14 days of the date of injury. Claim forms will be emailed by USA Roller Sports to the injured party after receipt of a completed and signed accident report form and all insurance criteria are met. The club president must verify the rink circumstances and when the injury occurred. To initiate the claims process, contact USA Roller Sports 402.483.7551, within 14 days of the accident.

This is a brief overview of the USA Roller Sports Participant/Accident Policy. For complete policy terms and conditions please refer to the actual policy posted on the USA Roller Sports website (www.usarollersports.org).

OTHER INFORMATION

USA Roller Sports Magazine: Each USARS membership includes a subscription for all remaining issues of *USA Roller Sports* e-magazine published during the current membership season (a \$12.00 value). If membership is not renewed at the beginning of the season, you will not receive the magazine until membership is renewed. Our quarterly e-magazine is issued in January, April, July, and October.

*World Team Endowment Gift: An additional payment equal to your membership amount represents a charitable contribution to USA Roller Sports for use in establishing an endowment fund to support athlete travel in international competition. In recognition of this gift, a special commemorative pin will be sent to the member.

*National Museum of Roller Skating: Established in 1980, the National Museum of Roller Skating provides the public with an experience to reflect and understand the sport and recreation of roller skating and its history. To ensure the continuation of the museum and its service to the public, please consider joining the museum as a member. Visit the Museum website at www.rollerskatingmuseum.com.

Mailing your renewal by certified mail will endure traceable delivery as we cannot confirm by phone whether it has been received unless you have already been processed through our system.

After allowing sufficient time for processing, USARS membership may be verified on the USARS website.

MAIL completed application and check to: USA Roller Sports, 4730 South Street, Lincoln, NE 68506

FAX completed application and credit card information to: 402.483.1465

EMAIL completed application and credit card information to: payments@usarollersports.org

Ouestions? Call 402.483.7551