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AAU Event Directors:

The Amateur Athletic Union (AAU) has set the standard for amateur sports in the United States for 130 plus years and counting. Since 1888, the organization has strived to offer the very best amateur sporting opportunities in the world.

Licensing your event with the AAU associates it with one of the most recognizable and oldest brands in youth sports. You also get the protection of an industry leading insurance coverage plan while keeping control of your event. “Sports For All, Forever” is more than a motto – it has been the focus and drive of the AAU since its inception. With your continued support, the AAU will continue to offer quality event programming at an affordable cost for the years to come.

Here are just a few of the benefits of licensing your event AAU:

- Control your event
- Multi-million Dollar insurance coverage
- Marketing opportunities with AAU members
- AAU ribbons, medals and banners available to order
- Established and recognized sports rules
- Order custom event or club banners (https://www.aaubannerstore.com/)

Congratulations on becoming a part of this great tradition.

Sincerely,

J.B. (Jo) Mirza

President
Amateur Athletic Union (AAU)
The Presidential Youth Fitness Program helps schools achieve excellence in physical education through quality fitness education and assessment practices. IHT is proud to be the official assessment software of the PYFP tests.
EVENT LICENSE AGREEMENT

In consideration of issuing this event license by the Amateur Athletic Union of the U.S. Inc. the Member Club and Event Director hosting the event/activity agrees to the following:

☐ No entry will be accepted, neither coach nor athlete, unless he or she is a properly registered member of the AAU. Announcements, information flyers, and entry blanks of licensed events must state that no entries will be accepted unless the entrant is a properly registered member of the AAU.

☐ All site directors and/or any personnel directly involved with the host club in running event will be registered members of the AAU.

☐ Host Club and Event Director agrees/understands that if approved this event license may not be transferred.

☐ The license is valid only for the dates issued.

☐ The Event Director shall pay all expenses connected with the proper conduct of the event and shall abide by and enforce all rules and regulations of the AAU of U.S., Inc., the National Sport Committee, the AAU District and the appropriate District Sport Committee. Event Director agrees to be bound by the AAU Code.

☐ The Event Director shall hold harmless the AAU of the U.S. Inc, the National Sport Committee, the District, and the District Sport Committees and any of their associated bodies from any and all financial obligations or contractual liability incurred by the Event Director and or Member Club in conducting this event.

☐ Provisions will be made for proper medical supervision during the activity.

☐ Proper safety precautions will be made to protect the personal welfare of the competitors and spectators.

☐ Event Director agrees to comply with all provisions of the Americans with Disabilities Act, both State and Federal. This includes provisions for the venues and participants. http://www.ada.gov/.

☐ AAU takes a strong stance against fighting, threats and disruptive behavior. Anyone involved in such behavior, including but not limited to, athletes, coaches, parents, spectators, vendors, officials or other event attendees may be removed from the event. Additionally, athletes and teams may be disqualified from the event. A report of any such disturbance is to be filed with AAU Compliance at compliance@aausports.org.

☐ The event director shall report any and all significant incidents to insurance@aausports.org. This includes injuries to athletes, coaches, event personnel, and/or spectators, fights and confrontations. The Event Director shall have incident report forms at all venues.

☐ Handguns or other weapons are not permitted on the premises of AAU licensed events except for law enforcement officers in the exercise of their duties. Exception: Equipment utilized in competition.

I AGREE TO THE ABOVE: ________________________________ DATE __/___/____

Event Director Signature

NOTE: This signed agreement page must accompany all event license applications
AAU Events will be granted to Club levels 2 or 3 only.
An event flyer is required to process all Event License Applications.
Facility and Event Safety Checklist

Plan accordingly and address safety hazards before you start to play. If there are any safety hazards, transfer responsibility by written notice to venue owner prior to game day. Discuss with venue owner to ensure corrective measures are taken.

<table>
<thead>
<tr>
<th>Site Director:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Checklist:

- Site Director for each location (be sure your officials and volunteers know who is in charge)
- Post emergency contact name and emergency contact numbers in common locations (entrances, locker rooms, etc.)
- A plan to handle emergencies
- First aid equipment
- Ice for injuries
- Access to emergency service
- Telephones and the appropriate emergency numbers are accessible
- There is adequate passage for emergency vehicles
- Emergency evacuation and response procedures in place
- Incident and Claim Forms (know the procedure for filling an incident report and claim form)
- Water for athletes

Athlete Areas:

- Playing surface is in proper condition
- Playing field, court, rink, etc. is free of debris, rocks, holes, water, etc.
- Proper clearance around court, field, pitch, etc
- Out-of-bounds areas are free of obstructions and protruding objects
- Playing area is clearly marked
- Lighting appears adequate
- Are perimeter fences and/or signs free of hazards (protruding wire, bolts, etc.)
- Protection equipment provided (post & wall padding)
- Locker room floors are dry and lockers are secure and free of laceration exposures
- Bathrooms appear sanitary
- Benches and tables in good condition
Facility and Event Safety Checklist

Spectator Areas:

- Adequate number of waste containers in place
- Areas are free of slip, trip and fall hazards
- Water fountain areas are free of puddles, algae build up and/or mud
- Barriers to protect spectators are adequate and in good condition
- Area clean and free of debris
- No wet slip/fall hazards
- Electrical wiring that runs across surface secured with tape
- Adequate separation between spectators and playing field
- Bleachers are secure and in good condition

Parking Lot & Entrances:

- Lighting appears adequate
- Area is free of slip, trip and fall hazards
- Security is present
- Walking areas are free of slip, trip and fall hazards
- Will spills and tracked in water be cleaned up immediately
- Transitional areas are clearly marked
- Handrails are securely fastened
- Areas are free of trash, debris and other obstructions
- Sufficient trash containers are provided
- Entrance/exit areas are accessible

Note: Historically, 20 percent of general liability claims and 20 percent of the incurred claims costs involved a slip/trip/fall injury to a spectator at a sports venue. Bleachers are involved 30 percent of the time with these accident types. Other contributing factors include broken chairs, ice, liquids, steps, extension cords and parking lots.
AAU Concussion Policy

It is the purpose of the Amateur Athletic Union of the United States, Inc. ("AAU"), to promote amateur sports and we wish for our members/participants who participate to do so in a manner that provides reasonable safety for their well-being.

The events and activities that are authorized by AAU are run by local event host(s), local organizing committee(s), and/or member clubs. Athletic activities involve risks and dangers of injury and accidents may occur sometimes without fault.

Available medical assistance may vary from venue to venue. The AAU recognizes that the potential for harm from concussions is a serious matter. While some accidents and even concussions may occur, the basis for the AAU's Concussion Policy is based upon trying to limit the potential harm, which could result from continued participation after such an injury.

We have therefore established this Concussion Policy for and on behalf of the AAU, which is as follows: Where there is reasonable cause to believe that a concussion may have occurred, such participant shall not be allowed to continue his/her participation in an AAU authorized event/activity without a medical release to resume such participation.

The AAU recommends all of its coaches, and other non-athlete members working with youth athletes avail themselves to the Center for Disease Control's (CDC) Head's Up program. Coaches and other club leaders can take a free on-line course that will provide important information in the recommendation and decision-making in handling situations that may involve concussion injuries. This course will only take approximately 30 minutes of your day. The CDC also has Hand-outs to download for athletes and their parents.

For more information, please visit: http://www.cdc.gov/headsup/youthsports/training/index.html
### AAU Insurance Program Summary

**AAU Insurance is a benefit of membership.**

Club Membership insures practices and an event license insures competitions/clinics etc.,

Everyone participating must also have an individual AAU Athlete or Non Athlete Membership

### SPORTS ACCIDENT:

Coverage is provided for properly registered members that are injured during an approved event. Coverage is excess medical and becomes primary if there is no other coverage.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess Medical</td>
<td>$100,000</td>
</tr>
<tr>
<td>Youth/Non Athlete Deductible</td>
<td>$300</td>
</tr>
<tr>
<td>Adult Athlete Deductible</td>
<td>$300</td>
</tr>
<tr>
<td>Accidental Death &amp; Dismemberment</td>
<td>$20,000</td>
</tr>
<tr>
<td>Dental</td>
<td>Included</td>
</tr>
</tbody>
</table>

### Who is insured? (The following categories include but are not limited to)

- Athletes and Non-Athletes

### Covered events

**Licensed Events:** This is an event that has been applied for and received an event license from the AAU of the U.S. Inc.

**Supervised Practices** for member clubs.

### GENERAL LIABILITY COVERAGE

<table>
<thead>
<tr>
<th>Coverage</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Occurrence - per event</td>
<td>Up to $1,000,000</td>
</tr>
<tr>
<td>Personal and Advertising Injury</td>
<td>Up to $1,000,000</td>
</tr>
<tr>
<td>Excess Liability Limit</td>
<td>Up to $5,000,000</td>
</tr>
<tr>
<td>Participant Legal Liability</td>
<td>Included</td>
</tr>
<tr>
<td>Damage to Premises Rented to you</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Medical Expenses (any one person)</td>
<td>$5,000</td>
</tr>
<tr>
<td>Sexual Abuse &amp; Molestation</td>
<td>Included</td>
</tr>
</tbody>
</table>

### Who is insured? (The following categories include but are not limited to)*

- Registered Athletes and Non-Athletes

- Member clubs/teams when all participants are properly registered as athletes or non-athletes

- Event organizers, promoters, sponsors and managers of AAU licensed events

- Volunteers while acting in their capacity at an AAU licensed event

- AAU of the USA, Inc.

- AAU Districts, AAU Governors and Administrators, AAU Directors & Officers

- Officials while acting in their capacity at an AAU licensed event

### Covered events

**Licensed Events:** This is an event that has been applied for and received an event license from the AAU of the U.S. Inc.

**Supervised Practices** for member clubs.

### EXTENDED COVERAGE (AB) INSURANCE PROGRAM

The Extended Coverage (AB) program was developed to extend coverage for AAU members while participating in events hosted by organizations that are not member clubs of the AAU. Coverage in this program is provided for properly registered athletes or non-athletes.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports Accident</td>
<td>$100,000</td>
</tr>
<tr>
<td>Liability Limit</td>
<td>Same as above</td>
</tr>
<tr>
<td>Excess Liability Limit</td>
<td>Same as above</td>
</tr>
</tbody>
</table>

Extended Coverage (AB) is not available in Adult Sports of Taekwondo, Diving, Gymnastics, Box Lacrosse

Any organization that is a member of the AAU and hosts an event that is not licensed by the AAU would not have any coverage for the event, even if its members are AAU AB Registered.

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This brochure is only a brief description of the coverage available under the AAU Policies. The policies may contain reductions, limitations, exclusions and termination provisions. If there is a conflict between the contents of this document and the policy, the terms and conditions of the policy will govern in all cases.

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1-2021
**Verification of Insurance Available**

All insurance certificates are available at www.aausports.org under the insurance overview tab.

**Verification of Insurance:** This document verifies the club has insurance coverage as defined by the AAU policy and extends the club's coverage to a third party (if accepted by the third party). Your specific club name will appear on the document. Free Documents Available immediately.

**Third Party/Additional Insured Insurance Certificates Available**

This program is designed to provide member clubs the ability to obtain certificate(s). The fee structure is based on requesting the third party/additional insured certificate(s) at least 30 days before coverage start date or incurring an expedite fee.

<table>
<thead>
<tr>
<th>Fee Structure</th>
<th>Fee</th>
<th>Expedite Fee</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date is 31 + days from today</td>
<td>$35</td>
<td>NA</td>
<td>$35</td>
</tr>
<tr>
<td>Start Date is 16-30 days from today</td>
<td>$35</td>
<td>$65</td>
<td>$100</td>
</tr>
<tr>
<td>Start Date is 0-15 days from today</td>
<td>$35</td>
<td>$100</td>
<td>$135</td>
</tr>
</tbody>
</table>

For the fees listed above, you may request up to 200 third party/additional insured certificate(s) in one transaction. If you do not list all requests on your initial submission, there will be a $30.00 transaction fee each time you return to list additional requests. For each facility/entity over 200 there is a $10.00 per facility/entity fee.

**Practice Certificates:** Fees apply. This certificate extends coverage for members during practice and practice only. The practice must be scheduled & supervised by an AAU non-athlete member. It specifically names the third party/additional insured, confirms the club has coverage as defined by the AAU policy and extends the club’s coverage to the third party/additional insured. (This certificate is applicable where needed for CG 2026 1219).

Available 2 hours after certificate request.

**Event Certificates:** Fees apply. This certificate extends coverage for activities such as leagues, tournaments, clinics and other events approved by the Amateur Athletic Union of the United States, Inc. There must be a event license number relative to this event. Event licenses may take up to 16 days for approval. It specifically names the third party/additional insured, confirms the club has coverage as defined by the AAU policy and extends the club’s coverage to the third party/additional insured. (This certificate is applicable where needed for CG 2026 1219).

Available 2 hours after Approval of Event License Application.

**Sponsor:** Fees apply. This certificate extends coverage to a benefactor or donor who supports a member club. The sponsor name will appear on the certificate(s). It confirms the club has coverage as defined by the AAU policy and extends the club’s coverage to the third party/additional insured. (This certificate is applicable where needed for CG 2026 1219). This type of certificate request must be submitted to the AAU National Office for processing.

Available 24-48 hours after certificate request has been submitted and accepted.

**Extended Coverage Certificate:** Fees apply. This certificate is for AAU member clubs while participating in events hosted by organizations that are not member clubs of the AAU. This certificate must be obtained by an AAU member club. This certificate insures the named third party in regards to the AAU member club’s sole negligence. The entire competing team and coach (non-athlete) must be AAU Extended Benefit members. If you are a member of the AAU in the Extended Benefit category and conduct an event that is not licensed by the AAU, you forfeit your rights of insurance coverage for said event. This type of certificate request must be submitted to the AAU National Office for processing.

Available 24-48 hours after request has been submitted and accepted.

This brochure is only a brief description of the coverage available under the AAU Policies. The policies may contain reductions, limitations, exclusions and termination provisions. If there is a conflict between the contents of this document and the policy, the terms and conditions of the policy will govern in all cases.
AAU Registered Member
Sports Accident Claim Procedure

AAU members may be eligible for medical expense benefits for treatment of covered injuries sustained while participating in AAU Licensed activities.

If injured, complete a Claim Form and return it to NAHGA Claim Services via email, mail, or fax. Please retain a copy for your records.

The Claim Form must be signed by a non-relative coach, witness, Club Administrator or other AAU Organization Official.

Notes:
• If the injured Member is covered by another medical insurance policy, the bills must first be submitted to that Primary Carrier prior to the AAU excess accident insurance plan. The Primary Carrier will issue an Explanation of Benefits (EOB).
• All itemized bills should be forwarded to NAHGA Claim Services with the corresponding EOB from the Primary Carrier (see above).
• Each Claim is subject to a $300 deductible (Youth and Adult, Coaches, Volunteers & Officials)
• The Claim Form must be submitted to NAHGA Claim Services within 90 days of the accident/injury.
• The first medical treatment must be received within 90 days of the injury.
• Benefits are payable for covered expenses incurred up to 52 weeks from the date of injury.
• The maximum benefit offered by this plan is $50,000/injury.
• Payment will be made directly to the medical provider unless the paid receipt is included with submission.

Please submit Claim Form and related documentation to NAHGA Claim Services:

PO Box 189
Bridgton, Maine 04009-0189
Phone: (800) 952-4320
Fax: (207) 647-4569
Email: aau@nahga.com
Please complete this claim form by typing or printing clearly in ink and returning to:

NAHGA Claim Services
PO BOX 189, Bridgton, ME 04009
(Phone) 800-952-4320 / (Fax) 207-647-4569
aau@nahga.com / www.nahgaclaimservices.com

The following must be completed, dated and signed by an official of the Organization

Name of Organization (Policyholder) Amateur Athletic Union of the United States, Inc. Policy Number US1182716

- [ ] Athlete - [ ] Non-Athlete  
  - [ ] Male - [ ] Female  
  - Birthdate __________________________

- [ ] Youth - [ ] Coach

- [ ] Adult - [ ] Official
  - [ ] Volunteer  
  - Membership I.D. # __________________

Name of Team/Club __________________________________________

Address of Team/Club ____________________________  
  Number and Street ____________________________  
  City ____________________________  
  State ____________________________  
  Zip Code ____________________________  
  Phone No. ____________________________

Name of Injured Person ____________________________  
  Email of Injured Person ____________________________

Part of body injured (include Left or Right) ____________________________

Action Taken
- [ ] Released to Parent
- [ ] Ambulance Transport
- [ ] Refused Care
- [ ] Referred to Hospital/Clinic
- [ ] Own Accord (Adult)

Was injury during AAU licensed activity?  [ ] No  [ ] Yes  
  Name of Event ____________________________  
  License # ____________________________

If the injury occurred during a non-licensed event, was the injured party an AB cardholder?  [ ] No  [ ] Yes

Date the injury was reported to NAHGA Claim Services ____________________________

At the time of injury, was the person involved in an activity under the jurisdiction of the Organization (Policyholder)?

- [ ] No  [ ] Yes  
  If yes, under whose supervision? ____________________________

Was He / She a witness?  [ ] No  [ ] Yes

Did the injury occur during:  [ ] Practice  [ ] Travel  [ ] Game  [ ] Other ____________________________

Date & time of injury ____________________________  
  Date of 1st treatment ____________________________

Type of Sport or Activity ____________________________

Describe how and where accident occurred: ____________________________

Please complete this claim form by typing or printing clearly in ink and returning to:

NAHGA Claim Services
PO BOX 189, Bridgton, ME 04009
(Phone) 800-952-4320 / (Fax) 207-647-4569
aau@nahga.com / www.nahgaclaimservices.com

Nature of injury__________________________________________

Print Name of Organization Official_________________________Title_________________________
Organization Official's Signature____________________________Phone No_____________________

PAYMENT WILL BE MADE TO THE PROVIDERS OF SERVICE (HOSPITAL, PHYSICIAN AND OTHERS), UNLESS A PAID RECEIPT OR STATEMENT ACCOMPANIES THE BILL AT THE TIME THE CLAIM IS SUBMITTED.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

AUTHORIZATION: I hereby authorize Crum & Forster, U.S. Fire Insurance Company or its representative to inspect or secure copies of medical records, laboratory reports, diagnosis, prognosis, x-rays, and any other data covering this and/or previous conditions, confinements or disabilities. I further acknowledge that this plan is not subject to the federal regulations commonly known as ‘HIPAA’. A photo static copy of this authorization and acknowledgment shall be deemed as effective and valid as the original. I ALSO ACKNOWLEDGE THE ATTACHED FRAUD WARNINGS

SIGNATURE OF CLAIMANT_________________________________DATE____________________

Or Signature of Parent/Guardian if Claimant is 18 years or younger
Member’s Name ___________________________________ SS Number ____________________

Current Home Address ________________________________________________________

Date of Birth ___________________ ☐ Male ☐ Female Membership # ___________________

Employer Name ______________________________________________________________

Employer Address _____________________________________________________________

PARENT (OR GUARDIAN) INFORMATION (must be completed if claimant is under 18 years of age)

Name of Father or Male Guardian________________________________________SS Number__________________

Current Home Address_____________________________________________________

Employer Name ____________________________________________________________

Employer Address __________________________________________________________

Name of Mother or Female Guardian________________________________________SS Number__________________

Current Home Address_____________________________________________________

Employer Name ____________________________________________________________

Employer Address __________________________________________________________

Is the claimant covered under any other insurance policy? No Yes

Name of Policyholder__________________________________________________________ Individual Group

Name of Carrier _____________________________________________________________ Policy No. ______________

Carrier’s Address ____________________________________________________________

Name of Policyholder__________________________________________________________ Individual Group

Name of Carrier _____________________________________________________________ Policy No. ______________

Carrier’s Address ____________________________________________________________

If other insurance exists, all claims must be submitted to the other insurance policies first. A copy of the itemized bills along with the other carrier’s corresponding Explanation of Benefits should be submitted for consideration.
CLAIM FORM FRAUD STATEMENT

FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ALASKA and KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false, incomplete or misleading information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be prosecuted under state law.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA: WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Oklahoma:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Tennessee and Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Texas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
**IMPORTANT REMINDERS!**

Please note that the items listed below must accompany this application to process your order.

If all items are not submitted at the same time, your application will be placed on hold until the necessary materials are received.

Note: All athletes who participate in AAU Licensed events must be AAU members. Registration can be done over the internet by clicking **JOIN AAU**.

<table>
<thead>
<tr>
<th>☑ Check List:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Awards Application requesting ribbons and/or medals. Please indicate the exact number of awards you will need.</td>
</tr>
<tr>
<td>____ Fee for Medals and/or Ribbons</td>
</tr>
<tr>
<td>You may pay via check, money order or via credit card. Please put your card number and expiration date on the actual awards application. Include correct shipping fees.</td>
</tr>
</tbody>
</table>

Replacement Lanyards are available in increments of 25 and should be used to replace 2020 Lanyards on District medals purchased last year. The price is $1.00 each.

Ribbons are available in generic or sport specific* for 1st through 8th place, plus merit. The price is $0.40 each for all ribbons. Available in increments of 50. *Sport Specific ribbons are as follows – Gymnastics, Jump Rope, Swimming, Track & Field, Wrestling and Volleyball. All other sports will need to order Generic ribbons.

District Championship Medals are available for district championships and regional events only. The championship medals are $6.32 per set. Each set consists of 1 gold, 1 silver and 1 bronze medal. Copper medals are available for 4th place and lower at $2.52 per medal. You may order medals individually at a cost of $2.52 per medal. *(Medal details 1 ¾” diameter, 4.5mm thick high relief, 2 sided medal, RWB colorfilled shield with 1” x 35” dated riveted neck ribbon.)*

Super Regional Championship Medals are available for regional or super regional events only. You may order medals individually at a cost of $2.52 per medal. *(Medal details 2 ¼ “ diameter, 2 sided medal, RWB color-filled shield with RWB riveted neck ribbon.)*

Sports for All, Forever Medals are available for invitational, tournament series and league events only. *This medal is not to be used for a district championship or a regional event.* The medal is available in gold, silver and bronze. The cost of the medal is $1.99 per medal. *(Medal details: 1 ½” diameter, 2sided medal, color-filled RWB shield with RWB neck ribbon.)*

**SHIPPING INFORMATION:** All orders are assessed a shipping fee as follows: Orders under $50.00 pay a flat rate of $10.00, Orders from $51.00 to $249.00 pay a flat rate of $25.00, Orders over $250.00 pay 10% of total. Orders that are received 15 working days or less prior to the event will be assessed a $50.00 expedite fee. **In addition,** if the order requires next day shipping or 2-day shipping you must pay the shipping cost via credit card! will be given on any unused medals or ribbons!

Accurately determine your award needs because no refunds

Complete and Return Awards Application with the required materials to:
AAU MEDAL & RIBBON ORDER FORM

Date of Order Submitted: __/____/___  Delivery Date: __/____/___

Level of Competition: (Please Check One Category)

- [ ] League  Can Only Order  Can Order
  Sports For All Forever Medals  District Championships & Ribbons
- [ ] Invitational  Can Only Order  Distric
  Sports For All Forever Medals & Ribbons t Championships & Ribbons
- [ ] District Championship  Can Only Order  Can Order
  District Championships & Ribbons  District Championships & Ribbons
- [ ] Regional Championship  Can Order  Can Order
  District Championships, Super Regional Championships & Ribbons

SPORT:  DATE(S) OF COMPETITION:  DISTRICT:  LICENSE #:  CONTACT NAME:  CONTACT CELL NUMBER:

ADDRESS: (STREET ADDRESSES ONLY - NO POST OFFICE BOXES)  
  - [ ] Residential Address
  - [ ] Business Address

CITY:  STATE:  ZIP:

EMAIL ADDRESS:

DISTRICT CHAMPIONSHIP MEDALS  
Medal details 1 ¾" diameter, 4.5mm thick high relief, 2 sided medal, RWB color-filled shield with 1" x 35" riveted neck ribbon.

NUMBER OF SETS  
(1ST THRU 3RD)  $6.32 PER SET = $___________

ADDITIONAL MEDALS:

<table>
<thead>
<tr>
<th></th>
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<th>TOTAL # OF MEDALS</th>
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<tbody>
<tr>
<td>GOLD</td>
<td>SILVER</td>
<td>BRONZE</td>
<td>COPPER</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>$2.52 EACH = $___________</td>
</tr>
</tbody>
</table>

SPORTS FOR ALL, FOREVER MEDALS  
Medal details: 2" diameter, 1-sided medal, color-filled RWB shield with RWB neck ribbon.

$1.99 EACH = $___________

SUPER REGIONAL MEDALS  
Medal details: 2 ¼" diameter, 2 sided medal, RWB color-filled shield with RWB riveted neck ribbon.

TOTAL # OF MEDALS  $2.52 EACH = $___________

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th>COPPER</th>
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</thead>
<tbody>
<tr>
<td>GOLD</td>
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<td>BRONZE</td>
<td>MEDALS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$___________</td>
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</tbody>
</table>

AAU RIBBONS – Generic or Sport  
Ribbons are 2" x 8", each place is a different color.

CHOOSE WHICH TYPE OF RIBBON: ___ GENERIC or ___ SPORT ( ___ VB ___ WR ___ JR ___ GY ___ SW ___ AT )

TOTAL # OF RIBBONS  
(Must be purchased in increments of 50.)  $0.40 EACH = $___________

<table>
<thead>
<tr>
<th>1ST</th>
<th>2ND</th>
<th>3RD</th>
<th>4TH</th>
<th>5TH</th>
<th>6TH</th>
<th>7TH</th>
<th>8TH</th>
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<tr>
<td>AAU REPLACEMENT LANYARDS</td>
<td>TOTAL # OF LANYARDS</td>
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<tr>
<td>$1.00 EACH = $___________ (Must be purchased in increments of 25.)</td>
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<table>
<thead>
<tr>
<th>TOTAL ORDER PRICING &amp; SHIPPING</th>
<th>TOTAL ORDER PRICING &amp; SHIPPING</th>
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</thead>
<tbody>
<tr>
<td>UNDER $50 = $10 FLAT RATE</td>
<td>$</td>
</tr>
<tr>
<td>ORDERS $51 TO $249 = $25 FLAT RATE</td>
<td>$</td>
</tr>
<tr>
<td>ORDERS OVER $250.00 = 10% OF SUBTOTAL ABOVE</td>
<td>$</td>
</tr>
<tr>
<td>SUBTOTAL WITH SHIPPING ABOVE</td>
<td>$</td>
</tr>
</tbody>
</table>

**REMINDER:** If your order is placed 15 working days or less prior to event, you need to include the expedite fee in your total to the right. The expedite fee is in addition to all other charges including overnight shipping. EXPEDITE FEE - ADD $50

**CREDIT CARD INFORMATION**
WE ACCEPT VISA, MASTERCARD, AMERICAN EXPRESS AND/OR DISCOVER.

<table>
<thead>
<tr>
<th>TOTAL PAID</th>
<th>TOTAL PAID</th>
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<tbody>
<tr>
<td>$</td>
<td>$</td>
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</tbody>
</table>

Please continue to the last page and provide Credit Card information.

**A 3.5% convenience fee will be applied after total**

**Billing Address:**

**CREDIT CARD #:**

<table>
<thead>
<tr>
<th>EXPIRATION DATE:</th>
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</table>

<table>
<thead>
<tr>
<th>CVV CODE:</th>
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</table>
EVENT DIRECTORS:
HOW TO VERIFY AAU MEMBERSHIP

All participants in your event must be current AAU members (club, non-athlete and athlete). As the event host, it is your responsibility to ensure and enforce AAU Membership requirements.

There are several ways to verify AAU Membership.

Submit Proof of Membership:
Require participants to bring proof of membership to the event check-in or send in advance with entry (depending on the entry process). Please be sure to check the expiration date!

Types of Proof of Membership include:

1. Individual AAU Membership Cards (see sample below):

2. AAU Club Listing generated from the AAU website:
3. **AAU Membership Verification Roster generated from the AAU website:**

![AAU Membership Verification Roster](image_url)

**NOT**: The purpose of this roster is to verify that the members listed have current AAU memberships. This roster does not verify age or provide entry into events. Age listed is the age as of 9/28/2015.

Valid as of 9/28/2015 5:13:24 PM

Roster ID: 186
Verify AAU Membership Online as the Event Director:
You have access to several online tools to assist in verifying membership.

1. **Event Director Login:**
   a. Visit [www.aausports.org](http://www.aausports.org), scroll down to the footer and click on Event Director Lookup

b. Enter your Event License Number and AAU Membership Number to access the information for your district and sport. **Please Note:** You must be listed as the primary contact for the event in order to gain access. **Your access will start 3 weeks before the event and end 3 days after.**
c. Enter the known information of the person you are searching for to verify that they have a current AAU Membership.

![EVENT DIRECTOR, AAU MEMBERSHIP LOOKUP](image)

- **District Code**: Southern Pacific
- **Membership Category**: 
- **Program Code**: 
- **Sport Code**: 
- **AAU Club Number**: (example: 12345678 or AAU1234)
- **First Name**: 
- **Last Name**: 
- **City**: 
- **State**: 
- **Birth Date from**: (example: 01/01/00 or 1/1/00)
- **Birth Date to**: (example: 12/31/00 or 12/31/99)
- **State**: 
- **Zip**: 
- **Gender**: Male or Female
- **Display/Sort Order**: Not by: Last Name, First Name

In the above search screen enter the known information. The more information you enter, the narrower the search will be.

- **Display/Sort Order**: The Display/Sort Order drop-down lets you select the order you would like records displayed or printed. The system will always sort the results with records sorted by the 'Last name and First name'.

2. **Require Participants to Submit a Membership Verification Roster** (to see the rosters that have been submitted for your event, please follow these steps):
   a. Login to your account at [https://play.aausports.org](https://play.aausports.org).
   b. Click Lookup Rosters for your Events in the Events section.
c. This will bring up a list of the events that your club has licensed. Click on an event to see the rosters that have been submitted.

3. **AAU Membership Look-Up:**
   a. Visit [www.aausports.org](http://www.aausports.org) and click on Membership Look Up under the Membership tab.
b. Enter the required information to receive the AAU Membership Information.

Once again, all participants in your event must be current AAU members (club, non-athlete and athlete). As the event host, it is your responsibility to ensure and enforce AAU Membership requirements.

If you have any questions about any of the steps listed above, please contact the AAU Support Services Department at 407-934-7200.
AAU BANNER STORE

For custom orders, please contact us at aau-store@oaicorp.com • 800.783.9187
BUILD A GREAT RECRUITING EVENT

More than 2,000 of the best tournaments use CaptainU Events to build great college recruiting events. Promote your event, get more college coaches to attend, and make it easy for them to connect with your teams and athletes.

How it works:

BUILD AN AMAZING PROFILE BOOK
Effortlessly collect athlete information to make your event a success for college coaches.

GET MORE COLLEGES TO ATTEND
Promote your event to thousands of college coaches to boost attendance and prestige.

SEE HOW YOUR EVENT COMPARES
Compare your event to other events in the CaptainU network.

TRACK HOW YOU’RE DOING
Know exactly where your event stands, including which teams have and haven’t added their info.

COMMUNICATE WITH TEAMS ATTENDING YOUR EVENT
Send bulk emails to share timely updates and request rosters.

BUILD A LIST OF ATTENDING COLLEGES
Let your teams and athletes know which college coaches will attend.

PROMOTE YOUR EVENT
Get listed in the CaptainU event directory and reach more than 100,000 club, high school, and college teams.

LEARN MORE AT:
https://www.captainu.com/products/events

SCHEDULE A DEMO NOW AT:
https://event-team.youcanbook.me
SPALDING® AAU

GAME READY GRIP: Eco-Grip composite cover provides a game-ready grip and feel right out of the box
SUPERIOR CONTROL: Deep channel design for a natural feel with a cushioned carcass for a true bounce
BUILT FOR PERFORMANCE: Rotationally balanced butyl bladder for ultimate air retention and nylon windings for excellent structural integrity

29.5” Item #76-4228
28.5” Item# 76-4238

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THE PERFECT FUNDRAISER FOR YOUR AAU TEAM!

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0 Trans Fats! Low Carbs! High Protein!

Visit CountryMeats.com/AAU For a FREE Sample Pack!
THE OFFICIAL SPORTS DRINK OF THE

CLEAN POWERFUL HYDRATION

AVAILABLE NATIONWIDE AT Sams Club

ReadyIsMade.com • @ • ReadyIsMade
# AAU EVENT CREDENTIALS

Available for purchase, or **DONATED** with your Tournament Tags® order!

EXCLUSIVE AAU PRICING

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Size</th>
<th>25</th>
<th>50</th>
<th>100</th>
<th>250</th>
<th>500</th>
<th>1,000</th>
<th>2,500+</th>
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<tbody>
<tr>
<td>CRED-001</td>
<td>2-1/8&quot; x 3-3/8&quot;</td>
<td>4.95</td>
<td>3.95</td>
<td>1.95</td>
<td>1.55</td>
<td>0.80</td>
<td>0.60</td>
<td>CALL</td>
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<tr>
<td>CRED-002</td>
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<td></td>
<td>0.34</td>
<td>0.25</td>
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</tr>
</tbody>
</table>

Pricing includes 2-sided, full-color printing.
Job Set Up Fee per order - $50
Version Change Fee (if applicable) per design change within the order - $25
Data Merge Fee (if applicable) for variable data (personalization with names, for example) - $35 per design
Standard Production Time: 5 business days after final artwork approval
Rush Production 3-day - $200

**GET STARTED TODAY**

<table>
<thead>
<tr>
<th>Email</th>
<th><a href="mailto:hello@skillzys.com">hello@skillzys.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>(888) 510-6233 x103</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.skillzys.com">www.skillzys.com</a></td>
</tr>
</tbody>
</table>