



USA wrestling

Sept. 1, 2008 - Aug. 31, 2009.

Application for Club Charter

Instructions → Type or print all information. Press hard – you are making three copies. Answer all questions. Send all pages of this application, individual memberships, and one check to your State Director.

State Director: Send top two copies to the National Office immediately. Keep bottom copy for state records.

Club Information

• Name of Club _____ • Date of Application _____

• Was this a USA Wrestling chartered club in the previous membership year? Yes No **Club Code:** _____

• List the name of the recognized club leader who should receive the Club Certificate and other information:

Name _____ Position _____

Mailing Address _____

City _____ State _____ Zip _____

Evening Phone _____ Day Phone _____
(Area Code) (Area Code)

• Your club information will appear on USA Wrestling's official website unless otherwise noted. **DO NOT POST**

• I verify with my signature that the club will comply with USA Wrestling By-laws, operating rules and policies pertaining to USA Wrestling Chartered Clubs. _____
Signature

• What style(s) of wrestling do you expect your club to focus on? (check *all* that apply)

- Mostly Freestyle Mostly Greco Mostly Folkstyle Grappling Beach
- Some Freestyle Some Greco Some Folkstyle Sombo

• What are the ages of the wrestlers you expect in your club? (circle *all* that apply)

8 or younger 9 10 11 12 13 14 15 16 17 18 19 & older

• Approximately how many *wrestlers* do you expect to be members of your club this year? (circle only *one* group)

Under 10 11-20 21-30 31-40 41-50 51-60 61-70 71-80 More than 80

• Approximately how many *coaches* do you expect to be members in your club? (circle only *one* group)

1-3 4-6 7-9 10-12 13-15 16-19 More than 20

• What months will your club be most active? (circle *all* that apply)

September October November December January February March April May June July August

• Club e-mail address: _____ Club web site: _____

Certificate of Insurance and Fees

A club which qualifies as a USAW chartered club by registering all of its wrestlers and coaches may wish to add as a Certificate Holder the owner/operator of the facility the club uses for its practices and sanctioned events. The processing fee is \$____. Adding an Additional Insured is subject to the approval of the Insurance Carrier, see separate form. List below the Owner/Operator of the Facility to be listed as a Certificate of Insurance Holder, if any. **Do not** abbreviate.

(Name/Address)

(Name/Address)

Note: In order to comply with USAW requirements, all club coaches must hold current individual USA Wrestling Coach Membership cards.

1) USA Wrestling Chartered Club membership fee _____

2) Certificate of Insurance, if any, @ \$____ (processing fee) _____

Total _____

STATE OFFICE USE ONLY

Date Application received from Club Director _____

State Chairperson/Director Approval _____

NATIONAL OFFICE USE ONLY

Date Application received _____

Approved by _____ # _____



ISWA CLUB INFORMATION

Club Representatives: (Complete all information available)

	Name	Phone	E-Mail Address
President:			
Vice President:			
Secretary:			
Treasurer:			
Mat Official:			
Pairing Official:			
Head Coach:			
Membership Director:			

I verify by my signature that our club will comply with By Laws of the Indiana State Wrestling Association, support and enforce policies pertaining to clubs, provide necessary information required by the Corporation and assume responsibility for the proper conduct of our organization as a member club. I understand that our club must provide table help at 1 or more ISWA State Final events.

Signature:

USAW Membership Dues: \$100.00 (Total includes all membership fees)
Certificate of Insurance: 25.00 (processing fee - optional)
Total Amount Enclosed: \$_____
Mail to: Indiana State Wrestling Association Inc., P.O. Box 157, Beech Grove, IN 46107
Please read and complete all the enclosed information and submit all paperwork along with the appropriate fees.
If you wish to add as a Certificate Holder the owner/operator of the facility the club uses for practices you must complete the "Application to Add Certificate Holder as an Additional Insured."

If you have any questions regarding the enclosed information contact the ISWA.
 Phone:(317) 780-1885 - Fax: (317) 783-4336
 E-mail: iswa@sbcglobal.net

Over please must complete all information on the reverse side



APPLICATION to ADD CERTIFICATE HOLDER As an ADDITIONAL INSURED

This request is being made to the Insurance Carrier. The requesting party (club or event sponsor/director) is making application for the Certificate Holder named below, associated with the club or event also indicated below to be added as an Additional Insured. It is understood that Additional Insureds are subject to approval by the Insurance Carrier. Upon receipt, USA Wrestling will forward this application to the carrier. Approved Additional Insureds will be noted by endorsement issued by the Insurance Carrier and mailed to the club/event director.

Complete all applicable portions of this form (type or print neatly).

Date: _____

Name of Party Making Application: _____ State: _____

Title: _____

Name of Certificate Holder: _____ State: _____
(Not club or event director)

How Associated with the Club: _____
(i.e. owner of building, school district, building operator, etc.)

Address: _____ City: _____ Zip: _____

Club Name: _____

Mail Endorsement To: _____

Address: _____

City: _____ State: _____ Zip: _____

Signed: _____

Attach a copy of this form to your Application for Club Charter and submit to: ISWA, P.O. Box 157, Beech Grove IN 46107

NATIONAL OFFICE USE ONLY
DATE RECEIVED: _____
INITIALS: _____ # _____



Processing Procedures Associated with Liability Insurance

SUBJECT: Certificate of Insurance Holder & Additional Insured.

For the current membership year, some changes in procedure are required for USA Wrestling Chartered Clubs that wish to add owner/operators of facilities, they use, as Certificate Holders and/or Additional Insureds.

If as a USA Wrestling Chartered Club you need to add the owner/operator of the facility you use as a Certificate Holder or Additional Insured, please read the information provided below.

A. USA Wrestling Chartered Clubs:

1. Each USA Wrestling Chartered Club receives from the Insurance Carrier a Certificate of Insurance which is proof that the club and its directors and volunteers are provided liability insurance coverage for covered claims and related litigation (within the conditions and limits of the policy) under the liability insurance policy procured by USA Wrestling. No charge for certificate.
2. The owner/operators of the facility that the club uses, may request that they be listed as a Certificate Holder on a Certificate of Insurance issued by the Insurance Carrier. This gives the owner/operators proof that your club does in fact have liability insurance for its activities and will be notified of any changes. The club may request this from the Insurance Carrier by indicating the owner/operator on the appropriate section for the USA Wrestling Application for Club Charter and paying the \$25.00 processing fee. The club director will be sent the appropriate certificate, indicating the owner/operator as a Certificate Holder, which he/she will be required to deliver to the owner/operators.
3. Adding an Additional Insured is subject to the approval of the Insurance Carrier. The club director will be sent the appropriate endorsement, indicating the owner/operator as an Additional Insured, which he/she will be required to deliver to the owner/operator.

Applications for Sanction of Event and Applications for Adding Additional Insureds must be forward to the ISWA Membership Director.

The above information provides instructions for adding owner/operator as Certificate Holders and Additional Insureds. No part of these instructions are to be deemed USA Wrestling policy or part of the insurance policy, no do they replace any conditions or terms of the policy. These instructions are subject to change if in any way they are found to conflict with the terms or conditions of the actual insurance policy.