

# Membership application

## CONTACT DETAILS

1. Registered name of the sporting organisation

2. Authorised official to whom all correspondence should be addressed

Name

Position

Postal address

Suburb

State

Postcode

Email

Work telephone number

Home telephone number

Mobile number

3. Second authorised official

Name

Position

Postal address

Suburb

State

Postcode

Email

Work telephone number

Home telephone number

Mobile number

## ORGANISATION DETAILS

4. List the sports or athletic activities that the organisation is involved with

**ORGANISATION DETAILS** (continued)

5. When was the organisation established?

6. What is the status of the organisation?

State body     District or Regional     Club     Other (please specify)

7. If the organisation is a district or regional association or a club, is it affiliated with a parent, state or national organisation?

Yes     No

If Yes, please advise:

8. Is the organisation based primarily in NSW?     Yes     No

9. Does the organisation have any subordinate affiliates?     Yes     No

10. Are any of the organisation's subordinate affiliates based outside NSW?     Yes     No

If Yes, please list the constituent bodies based outside NSW and the percentage of their registered participants to the total number to be covered in this policy:

11. Do any of the organisation's registered participants reside outside NSW?     Yes     No

If Yes, please provide the percentage to total number of registered participants residing outside of NSW:  %

12. Please provide information about your grounds/fields.

Do you play and/or train on private grounds or local council fields?     Yes     No

What is your assessment of the condition of the grounds/fields?

13. Does the organisation have a risk management policy?     Yes     No

If No, do you want to receive any information about developing or implementing risk management policies?     Yes     No

**REGISTRATION INFORMATION**

14. Is each participant and official required to register with the organisation?     Yes     No

If No, please state the circumstances:

  
  

15. Is each team required to register with the organisation?     Yes     No

If No, please state the circumstances:

  
  

16. Does the organisation maintain a registration system?     Yes     No

If No, is the registration system maintained by:

Parent body     Constitute members     Other (please specify)

**INSURANCE INFORMATION**

17. From what date do you want your organisation's cover to commence?   /   /

18. What activities does the organisation wish to cover under the Sporting Injuries Insurance Scheme?

- Club competition     
  National competition     
  District competition     
  International competition  
 Regional competition     
  State competition     
  Practice/training     
  Other (please specify)

19. Total number of registered players requiring cover:

Sporting activity	Total number of registered players		Total number of non-playing officials	
	Seniors	Under 18's	Seniors	Under 18's

20. Please list below the various categories of participants and officials that require cover.  
(eg players, referees, umpires, ball boys, trainers, coaches, strappers, time keepers, etc).

  
  


21. Do any of the participants and officials for whom cover is required receive payment or other consideration for their participation in the authorised activities of the organisation?  Yes  No

If Yes, how many participants or officials are being paid?

  


22. Please detail any serious injuries or fatalities that have occurred within the previous two years:

  
  
  


23. Does the organisation have any other insurance?  Yes  No

If Yes, please provide the name of your insurer:

- Associations liability     
  Property/building     
  Public liability     
  Professional indemnity  
 Directors and officers     
  Personal accident     
  Work health and safety     
  Workers compensation  
 Other (please specify)

**CERTIFICATION**

I certify that the information contained on this form is true and correct to the best of my knowledge and that registration records are available for perusal by an authorised officer of NSW Sporting Injuries if required:

Name of authorised officer

Authorised officer signature

Date (DD/MM/YYYY)

**Please send the completed form to:**

NSW Sporting Injuries  
92-100 Donnison Street  
Gosford NSW 2250  
Telephone: (02) 4321 5392  
Facsimile: (02) 9287 5392  
Email: [contact.us@sportinginjuries.com.au](mailto:contact.us@sportinginjuries.com.au)

**The Sporting Injuries Insurance Scheme does not cover medical expenses or replacement of income but provides one of the best insurance covers for serious injuries and death during authorised sporting activities.**