



SPORTS FOR ALL, FOREVER

EVENT DIRECTOR INFORMATION



EVENT DIRECTOR INFORMATION

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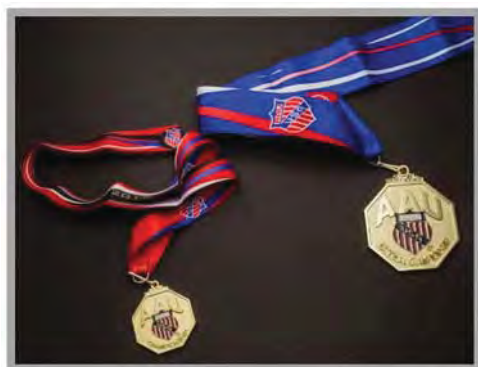
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Amateur Athletic Union of the United States, Inc.

“Sports For All, Forever”

AAU Event Directors:

The Amateur Athletic Union (AAU) has set the standard for amateur sports in the United States for 135 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

Congratulations on becoming a part of this great tradition.

Sincerely,

J.B. (Jo) Mirza

President

Amateur Athletic Union (AAU)



EVENT LICENSING AGREEMENT

This Event Licensing Agreement (the “Agreement”) is made as of this _____ day of _____, 20__ (the “Effective Date”) by and between the Member Club, _____, and the Event Director, _____, (collectively “Licensee”) and the Amateur Athletic Union of the United States, Inc., 1910 Hotel Plaza Blvd., Lake Buena Vista, FL 32830 (“AAU”), (each a “Party” and collectively the “Parties”).

WHEREAS, the Parties hereto desire to set forth the terms and conditions of the AAU licensing the Licensee’s event;

NOW, in consideration of the premise, and other good and valuable consideration, the Parties agree as follows:

1. **AAU Membership.** Licensee shall not allow any coach or athlete to participate at the event unless that coach or athlete is a registered member of the AAU. Announcements, information flyers, and entry forms of licensed events must state that no coach or athlete may participate in the event unless that coach or athlete is a registered member of the AAU.

All site directors and/or any personnel directly involved with running the event must be properly registered members of the AAU.

2. **Not Transferrable.** No event license may be transferred to another person or entity.
3. **Effective Dates.** The license shall start and terminate on the dates indicated on the AAU EVENT LICENSE APPLICATION approved by the AAU for the event.
4. **Expenses.** Licensee shall pay all expenses connected with the proper conduct of the event.
5. **Applicable Rules.** Licensee shall abide by and enforce the AAU Code and all rules and regulations of the AAU including but not limited to those of the National Sport Committee, the AAU District and the appropriate District Sports Committee.

Licensee acknowledges that AAU has a strict policy against fighting, threats and disruptive behavior at events. Any person involved in such

behavior, including but not limited to, athletes, spectators, parents, officials, coaches, vendors, or other event attendees, may be removed from the event with no recourse. Additionally, athletes, coaches and teams may be disqualified from the event with no recourse. Licensee shall file a report of any such occurrence with AAU Compliance at compliance@aausports.org.

6. **Medical and Safety.** During the event Licensee shall ensure that proper safety precautions are taken to protect the personal welfare of the participants and spectators and that proper medical supervision is provided.
7. **ADA.** Licensee shall comply with all applicable provisions of the American Disabilities Act, both State and Federal. This includes provisions for the venues, spectators and participants. <http://www.ada.gov/>.
8. **Reporting.** Licensee shall report any and all significant incidents occurring during the event to insurance@aausports.org. This includes injuries to any attendee of the event and fights and confrontations. Licensee shall have incident report forms available at the event.
9. **Weapons.** Handguns or other weapons are generally not permitted on the premises of an event. Exceptions to this rule include law enforcement officers in the exercise of their duties and equipment utilized in competition.
10. **Termination.** Either Party may terminate this Agreement, without cause, by giving the other Party ten (10) days' notice and satisfying their obligations up until termination.
11. **Indemnification.** Licensee agrees to defend, indemnify and hold harmless AAU, AAU's employees, agents and representatives, the National Sport Committee, the District and the District Sport Committee and any other associated bodies, from any and all claims, actions, demands, or causes of action, arising out of any financial obligation, contractual liability, injury, liability or loss or damage including, but not limited to, bodily injury, personal injury, emotional injury, commercial injury, and/or tangible or intangible property damage which may result to any person or entity caused or incurred by Licensee because of the performance by Licensee and/or its agents under this Agreement, the conduct of the event, and/or the negligence, gross negligence, willful misconduct or breach of the Agreement by Licensee and/or its agents.
12. **Miscellaneous.**

- A. **Authority to Contract.** Licensee acknowledges and agrees that it does not have authority to enter into any binding contracts or commitments for or on behalf of AAU without first obtaining the prior written consent of AAU.
- B. **Arbitration.** Any controversy or claim arising out of or relating to this Agreement, or breach thereof, shall be submitted to arbitration in the county and state of New York, in accordance with the Rules of the American Arbitration Association, and judgment on the award may be entered in any court having jurisdiction thereof. The award rendered in any arbitration proceeding held under this Section shall be final and binding, and judgment on the award may be entered in any court having jurisdiction thereof. In any suit or proceeding relating to this Agreement the prevailing party will have the right to recover from the other its costs and reasonable fees and expenses of attorneys, accountants and other professionals reasonably incurred in connection with such suit or proceeding, including costs, fees and expenses on appeal, separately from and in addition to any other amount included in such judgment.
- C. **Governing Law.** This Agreement, for all purposes, shall be construed in accordance with the laws of New York without regard to conflicts-of-law principles.
- D. **Entire Agreement and Amendment.** This Agreement constitutes the entire agreement between the Parties and supersedes all prior understandings of the Parties. No supplement, modification or amendment of this Agreement will be binding unless executed in writing by both Parties.
- E. **Notices.** Any notice or other communication given or made to either Party under this Agreement shall be in writing and delivered: (1) by hand or sent by certified or registered mail, return receipt requested; and also by (2) email, to the addresses designated above, or subsequently changed by similar notice by a Party, and shall be deemed given on the date of receipt of the Notice.
- F. **Waiver.** Neither Party shall be deemed to have waived any provision of this Agreement or the exercise of any rights held under this Agreement unless such waiver is made expressly and in writing. Waiver by either Party of a breach or violation of any provision of this Agreement shall not constitute a waiver of any subsequent or other breach or violation. The failure of either Party at any time to require

performance by the other Party of any provision hereunder shall not affect the right of that Party thereafter to enforce same, or to enforce any other provision of this Agreement.

- G. **Severability.** If any provision of this Agreement is held to be invalid, illegal or unenforceable in whole or in part, the remaining provisions shall not be affected and shall continue to be valid, legal and enforceable as though the invalid, illegal or unenforceable parts had not been included in this Agreement.
- H. **No Assignment.** The interests of Licensee are personal to Licensee and cannot be assigned.
- I. **Section Headings.** The headings contained in this Agreement are for reference purposes only and shall not affect the meaning and interpretation of this Agreement.
- J. **Further Assurances.** The Parties will from time to time do, execute, acknowledge, deliver, file, record and publish, or will cause to be done, executed, acknowledged, delivered, filed, recorded and published, all such further instruments and documents and do all such acts and things as be reasonably required by the other to fully carry out and effectuate the rights and obligations contemplated by this Agreement.
- K. **Knowing and Voluntary Agreement.** Licensee acknowledges that it has carefully read this entire Agreement and is fully aware of and understands its contents. C Licensee states that it enters into this Agreement knowingly and voluntarily after ample time for consideration and the opportunity to consult with his own attorney.

IN WITNESS WHEREOF, this Agreement has been executed and delivered as of the date first written above.

Printed Name

Signature



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.

Site Director:	Date:
----------------	-------

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

EVENT DIRECTOR
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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.

EVENT DIRECTOR
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AAU CONCUSSION POLICY

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.

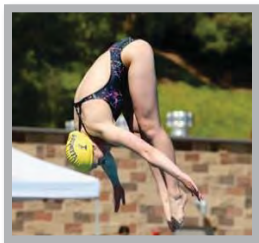
Available medical assistance may vary from venue to venue. The AAU recognizes that the potential for harm from concussions is a serious matter. While some accidents and even concussions may occur, the basis for the AAU's Concussion Policy is based upon trying to limit the potential harm, which could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



**EVENT DIRECTOR
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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.

Excess Medical	\$100,000
Youth/Non Athlete Deductible	\$300
Adult Athlete Deductible	\$300
Accidental Death & Dismemberment	\$20,000
Dental	Included

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

LIMITS

Each Occurrence - per event	Up to \$1,000,000
Personal and Advertising Injury	Up to \$1,000,000
Excess Liability Limit	Up to \$5,000,000
Participant Legal Liability	Included
Damage to Premises Rented to you	\$1,000,000
Medical Expenses (any one person)	\$5,000
Sexual Abuse & Molestation -	Included

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.

Sports Accident	\$100,000
Liability Limit	Same as above
Excess Liability Limit	Same as above

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.

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 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

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

ALL INSURANCE CERTIFICATES ARE AVAILABLE AT WWW.AAUSPORTS.ORG UNDER THE INSURANCE OVERVIEW TAB

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

Fee Structure	Fee	Expedite Fee	Total
Start Date is 31 + days from today	\$50	NA	\$50
Start Date is 16-30 days from today	\$50	\$50	\$100
Start Date is 0-15 days from today	\$50	\$100	\$150

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). Fees Apply

Available 2 hours after certificate request

EVENT CERTIFICATES: 5 (five) event certificates are included with all approved event licenses. \$10 per certificate will be charged if more are needed. Leagues are provided event certificates with all approved league licenses at no charge using the following formula, 1 (one) per 100 registered athletes. \$10 per certificate will be charged if more are needed. Event certificates extend coverage for activities such as leagues, tournaments, clinics and other events approved by the Amateur Athletic Union of the United States, Inc. 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 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 INCIDENT REPORTING FORM

Please take a couple minutes to fill out this form, (copy as needed) as it may impact insurance claims. **This report of incident is not a claim form.** To file a claim go to www.aausports.org click on the membership tab, choose insurance, then choose Forms. This form may also be used for incidents occurring at practices.

Provide as much information as possible about the incident and include any statements, pictures or official reports.

Event Information

Date(s) of Event:

Name of Event:

Event Location:

Site Contact Name:

Site Contact Phone #:

Incident Information

Name of Person(s) involved in incident:

Age or Approximate Age:

Gender Female Male

Club Affiliation (or None) :

Position(s) this individual holds Coach Athlete Official Spectator Other

Did Incident Occur at an AAU Licensed Event or Practice? * Yes No Not Sure

If Yes, Enter Event Name & License # if known:

Was incident accident related? * Yes No Not Sure

Was a claim form given to injured party? * Yes No Not Sure

Did incident require transportation to ER? * Yes No Not Sure

Was incident a confrontation? * Yes No Not Sure

Was there property damage? Yes No Not Sure

Were authorities called? * Yes No Not Sure

Description of Incident (include as much detail as possible)

This form can be submitted to AAU National Offices by:

Email: insurance@aausports.org

Fax: 407-828-0166

US Postal Service:

AAU Insurance Department

PO Box 22409, Lake Buena Vista, FL 32830



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**



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 US1182724

<input type="checkbox"/> Athlete	<input type="checkbox"/> Non-Athlete	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthdate _____
<input type="checkbox"/> Youth	<input type="checkbox"/> Coach			
<input type="checkbox"/> Adult	<input type="checkbox"/> Official			Membership I.D. # _____
	<input type="checkbox"/> Volunteer			

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	<input type="checkbox"/> Released to Parent	<input type="checkbox"/> Ambulance Transport	<input type="checkbox"/> Refused Care	<input type="checkbox"/> Referred to Hospital/Clinic	<input type="checkbox"/> Own Accord (Adult)
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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: _____



CRUM & FORSTER[®]
A FAIRFAX COMPANY

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



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



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THE FOLLOWING MUST BE COMPLETED BY THE INJURED PERSON OR IF THE INJURED PERSON IS UNDER THE AGE OF 18 OR OTHERWISE DEPENDENT – BY HIS/HER/ PARENT OR GUARDIAN

Member's Name _____ SS Number _____
Last Name First Name M.I.

Current Home Address _____
Number and Street City State Zip Code Phone No.

Date of Birth _____ Male Female Membership # _____

Employer Name _____

Employer Address _____
Number and Street City State Zip Code Phone No.

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 _____
Number and Street City State Zip Code Phone No.

Employer Name _____

Employer Address _____
Number and Street City State Zip Code Phone No.

Name of Mother or Female Guardian _____ SS Number _____

Current Home Address _____
Number and Street City State Zip Code Phone No.

Employer Name _____

Employer Address _____
Number and Street City State Zip Code Phone No.

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

Name of Policyholder _____ Individual Group

Name of Carrier _____ Policy No. _____

Carrier's Address _____
Number and Street City State Zip Code Phone No.

Name of Policyholder _____ Individual Group

Name of Carrier _____ Policy No. _____

Carrier's Address _____
Number and Street City State Zip Code Phone No.

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.



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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.

Attention! New Medal Sizing and New Price!

AAU MEDAL & RIBBON GENERAL INFORMATION

<p style="text-align: center;">IMPORTANT REMINDERS!</p> <p>Please note that the items listed below must accompany this application to process your order.</p> <p>If all items are not submitted at the same time, your application will be placed on hold until the necessary materials are received.</p> <p>Note: All athletes who participate in AAU Licensed events must be AAU members. Registration can be done over the internet by clicking <i>JOIN AAU</i>.</p>	<p>✓ Check List:</p> <p>____ Awards Application requesting ribbons and/or medals. Please indicate the exact number of awards you will need.</p> <p>____ Fee for Medals and/or Ribbons 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.</p>
	<p>Replacement Lanyards are available in increments of 25 and should be used to replace past Lanyards on District medals purchased in previous year. The price is \$1.00 each.</p>
	<p>Ribbons are available in generic or sport specific*for 1st through 8th place, plus merit. The price is \$0.75 each for all ribbons. Available in increments of 50. <i>*Sport Specific ribbons are as follows -Gymnastics, Jump Rope, Swimming, Track & Field, Wrestling and Volleyball. All other sports will need to order Generic ribbons.</i></p>
	<p>District Championship Medals are available for district championships and regional events only. The championship medals are \$7.50 per set. Each set consists of 1 gold, 1 silver and 1 bronze medal. Copper medals are available for 4th place and lower at \$2.75 per medal. You may order medals individually at a cost of \$2.75 per medal. (Medal details: 2.75" diameter, 5.0mm thick high relief, 2 sided medal, with dated riveted neck ribbons)</p>
	<p>Super Regional Championship Medals are available for regional or super regional events only. You may order medals individually at a cost of \$2.75 per medal. (Medal " diameter, 2 sided medal, RWB color-filled shield with RWB riveted neck ribbon.)</p>
	<p>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 \$2.75 per medal. (Medal details: 2.75" diameter, 2sided medal, color-filled RWB shield with RWB neck ribbon.)</p>
<p>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 15% of total. <i>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 vi a credit card!</i></p> <p style="text-align: right;">will be given on any unused medals or ribbons!</p> <p>Accurately determine your award needs because no refunds</p>	

New Medal Sizing and New Price!

Attention! New Medal Sizing and New Price!

Complete and Return Awards Application with the required materials to:

Amateur Athletic Union
Attn: Medals Department
PO Box 22409
Lake Buena Vista, FL 32830

Email: medals@aausports.org
Fax: 1-407-386-3274

AAU ORDER FORM **Date of Order Submitted:** __/__/__ **Delivery Date:** __/__/__

Level of Competition: (Please Check One Category)

League
Can Only Order
Sports For All Forever Medals & Ribbons

Invitational
Can Only Order
Sports For All Forever Medals & Ribbons

District Championship
Can Only Order
District Championships & Ribbons

Regional Championship
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 2 3/4" diameter, 5.0mm thick high relief, 2-sided medal, RWB color-filled shield with 1.5" x 34" riveted neck ribbon.

NUMBER OF SETS (1ST THRU 3RD) _____ \$7.50 PER SET = \$ _____

ADDITIONAL MEDALS: \$2.75 EACH =

GOLD	SILVER	BRONZE	COPPER	TOTAL # OF MEDALS	
_____	_____	_____	_____	_____	
					\$ _____

SPORTS FOR ALL, FOREVER MEDALS Medal details: 2.75" diameter, 1-sided medal, color-filled RWB shield with RWB neck ribbon.

\$2.75 EACH =

GOLD	SILVER	BRONZE	TOTAL # OF MEDALS	
_____	_____	_____	_____	
				\$ _____

SUPER REGIONAL MEDALS Medal details: 2.75" diameter, 2-sided medal, RWB color-filled shield with RWB riveted neck ribbon.

\$2.75 EACH =

GOLD	SILVER	BRONZE	COPPER	TOTAL # OF MEDALS	
_____	_____	_____	_____	_____	
					\$ _____

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 _____ \$0.75 EACH = \$ _____
(Must be purchased in increments of 50.)

1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	MERIT
_____	_____	_____	_____	_____	_____	_____	_____	_____

AAU REPLACEMENT LANYARDS **TOTAL # OF LANYARDS** _____ **\$1.00 EACH = \$ _____** *(Must be purchased in increments of 25.)*

New Medal Sizing and New Price!

Attention! New Medal Sizing and New Price!

<p><i>TOTAL ORDER PRICING & SHIPPING</i> - Please add together the total order for ribbons, replacement lanyards and medals.</p> <p><u>Two Day/ Overnight:</u> Saturday Overnight delivery is not guaranteed.</p>	UNDER \$50 = \$10 FLAT RATE	\$
	ORDERS \$51 TO \$249 = \$25 FLAT RATE	\$
	ORDERS OVER \$250.00 = 15% OF SUBTOTAL ABOVE	\$
	TWO DAY/OVERNIGHT = Cost will be dependent on weight and distance from Supplier to delivery address	\$
	SUBTOTAL WITH SHIPPING ABOVE	\$
<p><i>REMEMBER: 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.</i></p>	EXPEDITE FEE - ADD \$50	
<p><u>CREDIT CARD INFORMATION</u> WE ACCEPT VISA, MASTERCARD, AMERICAN EXPRESS AND/OR DISCOVER.</p>	TOTAL PAID	\$

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 #:

EXPIRATION DATE:

CVV CODE:

New Medal Sizing and New Price!

EVENT DIRECTOR MEMBERSHIP VERIFICATION



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):

AAU Membership

Membership ID: _____
 Name: _____
 City, State, Zip: _____
 Email: _____
 Sport: _____
 District: _____ Club Code: _____
 Membership Type: _____
 Application Date: _____ Expiration Date: _____

Goto www.AAUSPORTS.ORG to Reprint/Correct

AAU members agree to be bound by the AAU Code, including National Policies and sport rules.
 For information check www.aausports.org.

2. AAU Club Listing generated from the AAU website:

District: FL - Florida The Amateur Athletic Union of the United States, Inc. Print Date: 9/21/2015 3:08:19PM
 2016 Member by District and Club Page 1 of 1

Member Number	Member Name	City	St	Home Phone	Work Phone	Cell	Date Appl	Sport	Prg	Cat	Gen	AB	Club Code
00000001	John Smith	Orlando	FL	407-555-1234			09/15/2015	100	1	A	M		00000001
00000002	Jane Doe	Orlando	FL	407-555-1234			09/15/2015	100	1	A	F		00000001
00000003	John Smith	Orlando	FL	407-555-1234			09/15/2015	100	1	A	M		00000001
00000004	Jane Doe	Orlando	FL	407-555-1234			09/15/2015	100	1	A	F		00000001
00000005	John Smith	Orlando	FL	407-555-1234			09/15/2015	100	1	A	M		00000001
00000006	Jane Doe	Orlando	FL	407-555-1234			09/15/2015	100	1	A	F		00000001
00000007	John Smith	Orlando	FL	407-555-1234			09/15/2015	100	1	A	M		00000001
00000008	Jane Doe	Orlando	FL	407-555-1234			09/15/2015	100	1	A	F		00000001
00000009	John Smith	Orlando	FL	407-555-1234			09/15/2015	100	1	A	M		00000001
00000010	Jane Doe	Orlando	FL	407-555-1234			09/15/2015	100	1	A	F		00000001
00000011	John Smith	Orlando	FL	407-555-1234			09/15/2015	100	1	A	M		00000001
00000012	Jane Doe	Orlando	FL	407-555-1234			09/15/2015	100	1	A	F		00000001
00000013	John Smith	Orlando	FL	407-555-1234			09/15/2015	100	1	A	M		00000001
00000014	Jane Doe	Orlando	FL	407-555-1234			09/15/2015	100	1	A	F		00000001
00000015	John Smith	Orlando	FL	407-555-1234			09/15/2015	100	1	A	M		00000001
00000016	Jane Doe	Orlando	FL	407-555-1234			09/15/2015	100	1	A	F		00000001
00000017	John Smith	Orlando	FL	407-555-1234			09/15/2015	100	1	A	M		00000001
00000018	Jane Doe	Orlando	FL	407-555-1234			09/15/2015	100	1	A	F		00000001
00000019	John Smith	Orlando	FL	407-555-1234			09/15/2015	100	1	A	M		00000001
00000020	Jane Doe	Orlando	FL	407-555-1234			09/15/2015	100	1	A	F		00000001

EVENT DIRECTOR MEMBERSHIP VERIFICATION



3. AAU Membership Verification Roster generated from the AAU website:



VERIFIED MEMBERSHIP ROSTER

Event: N/A
Club: AAU National Test Club Roster Name: Test of New Create

Name	Member #	Exp. Date	Sport	Type	District	Age
Tester, Test	348DBEA5	8/31/2015	Sport Stacking	Non-Athlete	Florida	35
Tester, Test	348DBCN5	8/31/2015	Athletics	Non-Athlete	Florida	35
Testers, Test 2	348EFDA5	8/31/2015	Athletics	Athlete	Florida	13
Testerson, Test	348DBEA5	8/31/2015	Athletics	Athlete	Florida	13

NOTE: 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

EVENT DIRECTOR MEMBERSHIP VERIFICATION



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, scroll down to the footer and click on **Event Director Lookup**

The screenshot shows the footer of the AAU website. On the left, there is the AAU logo and the slogan "Sports For All, Forever". Below this is a paragraph about the AAU's history and mission. Further down are contact details for the AAU National HQ, including an address and phone numbers for overnight deliveries and regular mail. On the right side, there is a "NAVIGATE" section with a list of links: National Leadership, Join AAU, Conflict of Interest, Internship Program, **Event Director Lookup** (highlighted with a red box), Director License Approval, Need Help?, and District Reporting Login. To the right of the navigation is a "STAY CONNECTED #WeAreAAU" section with social media icons for Facebook, Twitter, RSS, YouTube, and Instagram. Below that is a "Talk to Us" section with contact information for the AAU National Office, District, and West Coast AAU Office.

- 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.**

The screenshot shows a web form titled "EVENT DIRECTOR, AAU MEMBERSHIP LOOKUP". The form is used by Licensed Event Operators to verify AAU Membership for Event participants. It requires an Event ID and an AAU Membership ID. The form has two input fields: "Enter event code:" and "Enter AAU Membership Id:". A "Push to Login" button is located below the input fields. To the right of the form, there are instructions: "Event Code: Enter your 10 digit Event Code.", "Membership ID: Enter your AAU Membership Id.", and "Push login to continue." Below these instructions, there is a red warning: "To successfully login you must be listed as the primary contact for the event you are trying to log into." and "Your access will start 3 weeks before the Event and ends 3 days after." At the bottom of the page, there is a "CONFIDENTIALITY NOTICE" and a "DISCLAIMER".

EVENT DIRECTOR MEMBERSHIP VERIFICATION



- 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
Categories: Membership, Resources

Event Director Membership lookup is used by Licensed Event Operators to verify AAU Membership for Event participants. You will need your Event ID and your AAU Membership ID.

Selection Form:

District Code: Southern Pacific

Membership Category: [Dropdown]

Program Code: [Dropdown]

Sport Code: [Dropdown]

AAU Club Number: [Text] (Example: XXBAKXXX or XXBA1234)

First Name: [Text]

Last Name: [Text]

City: [Text]

State: [Dropdown] Zip: [Text]

Birth Date from: [Text] (Example: MM-DD-YY)

Birth Date to: [Text] (Example: MM-DD-YY)

Gender: Male Female

Display/Sort Order: Sort by: Last Name, First Name

Push to Run Search/Selection

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

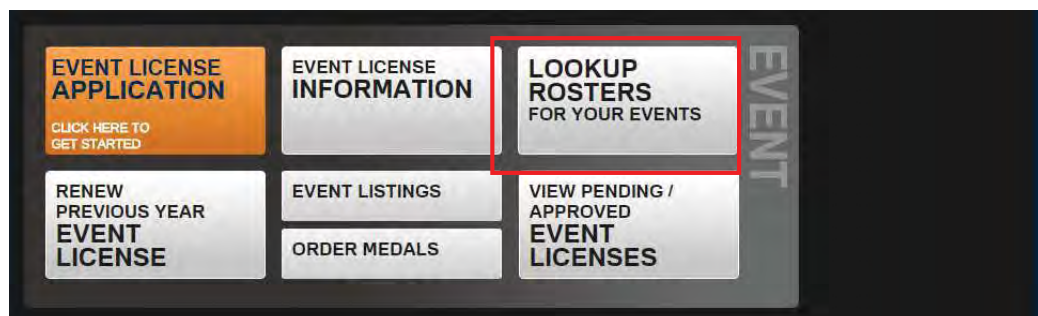
Display/Sort Order: The Display/Sort Order drop down lets you select the order you would like records displayed or printed in. The system will always start the session with records sorted by the "Last Name and First Name".

CONFIDENTIALITY NOTICE: The information available here is intended only for the members of AAU, and contains information that may be confidential or privileged. If you are not an authorized member, you must not access, read, copy, use or disclose this information.

- d. If the person you are searching for has a valid AAU Membership, their AAU Membership Number, Name, and Birth Date will appear. If no information is returned, an AAU Membership has not been approved for this year. If this is the case, they will need to provide with you with their individual AAU Membership Card.

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>.
- b. Click **Lookup Rosters for your Events** in the **Events** section.



EVENT DIRECTOR MEMBERSHIP VERIFICATION



- 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.

Find Roster

Here you will see any events that you have licensed. Click on an event to see its rosters.

Search Options:

Browse By Event Search By Roster ID Search By Roster Name Current Events Past Events

License #	Event Name	Date	Sport	District	Rosters	Hidden
			All	All		

3. AAU Membership Look-Up:

- a. Visit www.aausports.org and click on **Membership Look Up** under the **Membership** tab.

The screenshot shows the AAU website homepage. At the top, there is a navigation bar with the AAU logo, social media icons, and links for #WeAreAAU, MEMBER LOGIN, and JOIN AAU. Below this is a menu with categories like EVENTS, ABOUT AAU, AAU HIGHLIGHTS, MEMBERSHIP, SHOP AAU, and CONTACT AAU. A secondary menu lists sports: Baseball, Basketball, Volleyball, Hockey, Football, Track & Field, Wrestling, and More Sports. The main banner features a large image of athletes and the text "2018 MEMBERSHIPS NOW AVAILABLE". A red box highlights the "MEMBERSHIP LOOK-UP" link in the navigation menu. Below the banner are tabs for "Getting Started", Athlete, Parent, Coach, Club, and Event Host. The footer includes the slogan "Athletes Pursuing Greatness" and a browser window showing several downloaded files.

EVENT DIRECTOR MEMBERSHIP VERIFICATION



- b. Enter the required information to receive the AAU Membership Information.

The screenshot shows the AAU website's membership lookup page. At the top left is the AAU logo with the tagline 'THE OFFICIAL HOME OF THE AMATEUR ATHLETIC UNION'. A navigation menu includes 'Home', 'Districts', 'Events / Results', 'FAQs', 'Media', 'News', 'Resources', and 'Sports'. The main content area is titled 'AAU MEMBERSHIP LOOKUP' and includes a small image of a man and a woman. Below the title, it says 'Categories: Membership, Resources'. A welcome message asks the user to enter information and provides a link to 'JOIN AAU'. A form contains fields for 'Membership ID (if known)', 'First Name', 'Last Name', 'Zip Code', and 'Birth Date' (with a date format hint 'mm/dd/yyyy'). A 'Lookup & Display your Membership Card' button is at the bottom right of the form.

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.



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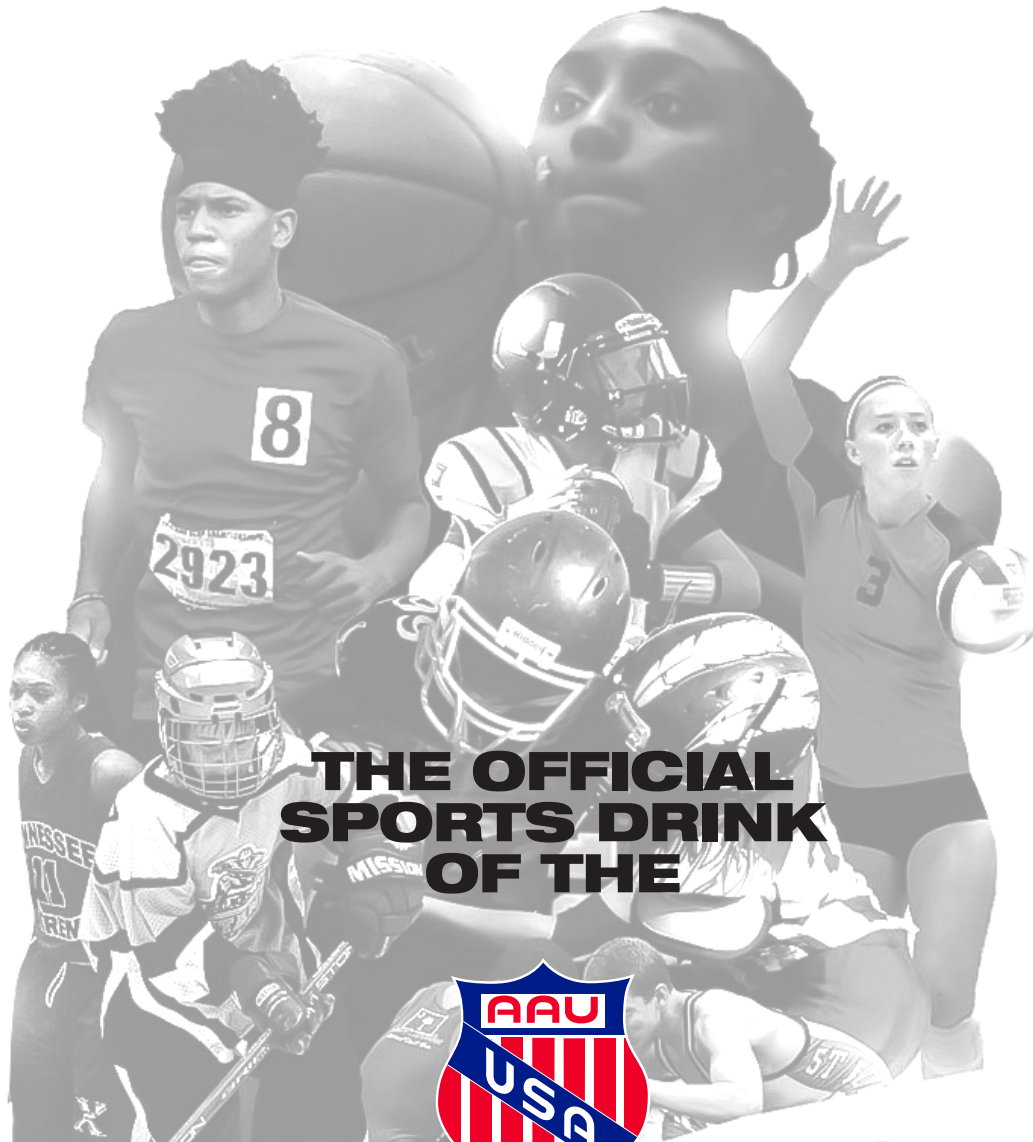
28.5" Item# 76-4238

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ITEM	Size	25	50	100	250	500	1,000	2,500+
CRED-001	2-1/8" x 3-3/8"	4.95	3.95	1.95	1.55	0.80	0.60	CALL
CRED-002	3" x 4"	5.20	4.20	2.20	1.80	1.05	0.85	CALL
CRED-003	3" x 5"	5.30	4.30	2.30	1.90	1.15	0.95	CALL
CRED-004	3.5" x 5"	5.40	4.40	2.40	2.00	1.25	1.05	CALL
LANYARDS		0.69	0.59	0.49	0.42	0.34	0.25	CALL

Pricing includes 2-sided, full-color printing

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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

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Rush Production 3-day - \$200

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