

SPLASHBALL SANCTION FORM

**Please send Splashball Sanction Forms to
USA Water Polo, 2124 Main St., Ste. 240, Huntington Beach, CA 92648
Phone: (714) 500-5449; Fax: (714) 960-2431
Please Print Legibly & In Ink**

NAME OF PROGRAM: _____
START DATE OF PROGRAM (first practice) _____ END DATE OF PROGRAM (last competition) _____
PROGRAM AGE GROUP (S): _____
PROGRAM OVERVIEW (DESCRIPTION): _____ _____
PROGRAM WILL USE (Check applicable options) <input type="checkbox"/> Coaches as Referees <input type="checkbox"/> USA Water Polo Registered Referees
SPONSORING CLUB/ORGANIZATION: _____
CLUB/ORGANIZATION USA WATER POLO # (IF APPLICABLE): _____ USA WATER POLO ZONE: _____
PROGRAM ADMINSTRATOR: _____
PROGRAM ADMINSTRATOR ADDRESS: _____ EMAIL: _____
PROGRAM ADMINSTRATOR CITY: _____ STATE: _____ ZIP CODE: _____
CERTIFICATE OF INSURANCE (CHECK ONE): <input type="checkbox"/> Needed <input type="checkbox"/> Not Needed
CERTIFICATE SHOULD BE SENT (CHECK ONE): <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail
SEND CERTIFICATE TO (IF NOT PROGRAM ADMINISTRATOR): _____ _____
<p><i>Please attach a complete list of teams (if applicable) with coach names & team contacts. Additionally, please list all practice and competition pools & any organizations which need to be listed as additional insured.</i></p>

TERMS AND CONDITIONS

I HAVE READ AND WILL COMPLY WITH ALL OF THE RULE AND REGULATIONS GOVERNING SANCTIONED EVENTS, SPECIFICALLY:

- All teams, athletes, coaches, referees, and team administrators participating must be currently registered with US Leagues.
- All competitions must be played under official USAWP rules.
- Any use of a USAWP logo, US Leagues logo, emblem, or symbol must comply with the applicable USWP rules and regulations.
- USAWP is assigned and is the sole owner of all right, title, and interest to all television, radio, internet, and other media broadcast rights.

I recognize that should a non-registered athlete or coach participate, my insurance coverage through USA Water Polo may be declared invalid. I further realize that USA Water Polo may confirm registration of all participants and may retroactively remove this event sanction should any violations be found. I agree to hold USA Water Polo harmless should this event sanction be removed since I recognize that it is my responsibility to determine that all participants are appropriately registered.

USA WATER POLO WILL PROVIDE THE FOLLOWING TO A PROPERLY SANCTIONED EVENT:

- \$2,000,000 general aggregate per event liability coverage/\$2,000,000 Each Occurrence.
- \$25,000 secondary sports accident medical insurance for all currently registered USWP members.

PROGRAM ADMINSTRATOR (PRINT NAME): _____ DATE: _____

PROGRAM ADMINSTRATOR SIGNATURE: _____ DATE: _____