

USA HOCKEY



SPECIAL EVENTS SANCTION

(please type or print clearly)

SPONSORING TEAM/ASSOCIATION _____

ADDRESS OF TEAM/ASSOCIATION _____

EVENT COORDINATOR: Name _____

Address _____

City _____ State _____

Zip Code _____ Telephone (_____) _____ -- _____

EVENT (name & brief description) _____

LOCATION OF EVENT _____

DATES OF EVENT _____ to _____
(includes set-up, practice and tear down)

SANCTION REGULATIONS

A special events sanction is "permission in writing" from USA Hockey to sponsor an event affecting the registered members of USA Hockey. The sanction is issued for the protection of the participants and to insure that USA Hockey rules and regulations are observed.

- USA Hockey's insurance policies provide protection for registered members, teams, clubs, and associations' programs (subject to the policy's coverage and exclusions), provided that the activity has sanction approval from the District Registrar or District Risk Manager. The Directors of Member Services and Risk Management Services at USA Hockey may also approve such request when necessary.
- USA Hockey does not provide Workers' Compensation Insurance at any event, nor Excess Medical or Catastrophic insurance for any events other than hockey games, practices and scrimmages, as part of the special event sanctioning process.

Sanctions will be issued only to registered clubs. Members of this organization that participate in unsanctioned events do so without the protection of our insurance program.

- Sanctions must be specifically obtained for fundraising events and off-ice activities, which involve or include members of the public or individuals who are not registered members of USA Hockey.

APPLICATION DEADLINE: 14 days prior to event

An application in writing for a special event sanction must be filed with the District Risk Manager at least fourteen (14) days prior to the opening day of the event.

SANCTION FEE \$ _____

Please make checks payable to USA HOCKEY, INC.

SIGNED _____ DATE _____
(Signature of Event Coordinator)

SIGNED _____ DATE _____
(Signature of District Risk Manager)