



Eastern Pennsylvania Youth Soccer
4070 Butler Pike, Suite 100
Plymouth Meeting, PA 19462
Phone: 610-238-9966
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2011-2012 Insurance Waiver

Name of Association/League/Club

Insurance Waiver

Our Association, League, Club understands that if a liability claim should arise against us and/or Eastern Pennsylvania Youth Soccer from a player or a parent to recover medical expenses due to a soccer related injury, and if parents or the player does not have medical coverage, then we will be responsible for the first \$10,000 of expenses.

Clubs/teams must either purchase team medical coverage through Eastern Pennsylvania Youth Soccer at \$25.00 per team or show proof that each team/player has insurance or that your athletic association has coverage that matches or exceeds Eastern Pennsylvania Youth Soccer's coverage. If a claim occurs because the parents are suing to recover medical expenses and there is no medical insurance in force, then the deductible has to be paid by the Club/League. These expenses will include investigation, attorney fees and settlement. We further understand that this requirement is an endorsement in the insurance policy and not a requirement set forth by Eastern Pennsylvania Youth Soccer.

If an affiliate does not purchase accident medical coverage from the State, the following requirements will have to be met and proof sent to Eastern Pennsylvania Youth Soccer.

1. Individual Clubs which choose not to purchase Eastern Pennsylvania Youth Soccer accident medical insurance must sign a waiver and send to Eastern Pennsylvania Youth Soccer proof of Insurance coverage from their Insurance Carrier.
2. Athletic association should send their certificate of Insurance to the Eastern Pennsylvania Youth Soccer state office to make sure it is adequate coverage.
3. Sexual Abuse and Non-Hired Automobile coverage must be included in your coverage and listed on your Certificate of Insurance.

We are aware that accident medical insurance is available at a nominal fee, and we waiver this coverage from the September 1 through August 31 seasonal year.

This undersigned below does so as the authorized representative of the Association, League, and/or Club.

Date: _____

Signature: _____

Printed signature: _____

Witness: _____