

**1. Contact details**

Registered name of the sporting organisation

ABN

**Main authorised official contact**

Name

Position

Postal address

Suburb

Postcode

Email

Telephone

Mobile

**Alternative authorised official contact**

Name

Position

Postal address

Suburb

Postcode

Email

Telephone

Mobile

## 2. Organisation details

List the sports or athletic activities that the organisation is involved with:

When was the organisation established?

We need to ask you some questions regarding the status of your organisation as any related sporting groups are required to be grouped for insurance purposes. A related 'group' means that a club, association or body is affiliated with another in some way.

What is the status of the organisation?

State/National body  District or Regional  Club  Other (please specify)

If the organisation is a district or regional association or a club, is it affiliated with a parent, State or National body?

Yes  No  
▼

If Yes, please advise

Is the organisation based primarily in NSW?  Yes  No

If the organisation is a State or National body, is it affiliated with any district, regional or club organisations?

Yes  No  
▼

If Yes, please name them

Do any of these affiliates reside outside of NSW?

Yes  No  
▼

If Yes, please indicate the number of participants in these affiliate clubs or associates, in total (to be covered in this policy)

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

%

Do you play and/or train on private grounds or local council fields?

Yes  No  
▼

If Yes, what is your assessment of the condition of the grounds/fields?

### 3. Registration information

Is each participant and official required to register with the organisation?

Yes
  No

If No, please state the circumstances:

Is each team required to register with the organisation?

Yes
  No

If No, please state the circumstances:

Does the organisation maintain a registration system?

Yes
  No

If No, is the registration system maintained by:

Parent body
  Constitute members
  Other (please specify)

### 4. Insurance information

From what date would you like your organisation's cover to commence?

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

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

#### 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

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

## 5. 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

### Please send the completed form to:

**Email:** [sportinginjuries@icare.nsw.gov.au](mailto:sportinginjuries@icare.nsw.gov.au)

**Post:** NSW Sporting Injuries  
92-100 Donnison Street  
Gosford NSW 2250

**Phone:** (02) 7922 5392

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.