

REQUEST FOR EVENT APPROVAL/SANCTION AND/OR CERTIFICATE OF INSURANCE TO ATTEND **IFSA JUNIOR EVENTS**

Note: CSA will only approve and insure IFSA JUNIOR Competitions and where Athletes are directly supervised by IFSA qualified Coaches. CSA **will not** approve participation in any Senior IFSA Big Mountain Competition

Description and Location of IFSA event to be approved:

Event Date:

Is this event part of the CFSA or CSF Calendar? **Yes: CFSA CSF No**
If no, please explain why it is not:

Which Club or PTSO is to receive the approval for the event?

SUPERVISING COACHES, AND STAFF:

Who will have direct control and supervision of the athletes (person's name and the club/organization he/she belongs to:

List the CFSA Coaches, including IFSA Coaching Credential level plus other staff attending the event:

Coaches are: IFSA Credentials are:

List the Participating Athletes, DOB and level of SAIP Class purchased: *(attach a separate sheet if additional room is needed)*

Athletes are: DOB: SAIP Class:

Note: Coaches supervising athletes participating in IFSA Junior events MUST have a minimum IFSA Level 100 and current IFSA membership

Mandatory Checklist:

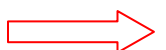
Confirm mandatory active IFSA Memberships for all IFSA coaches and participants.

Confirm mandatory active CFSA and/or CSF membership, and list all participants including their level of SAIP Insurance

Confirm all participants have executed the CSA/CFSA Waiver, Assumption of Risk and Hold Harmless Agreement. (Parents must have executed all in case of minors)

Are these documents readily available and where?

Can you provide copies of any waivers, or IFSA entry documents for all attendees if participants are required to sign?





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Location of the IFSA Event including legal address):

Has ski area or other requested a certificate of insurance? **Yes** **No**

Has Certificate Holder specified a Limit of Liability? **Yes** Limit Required: \$ **No**

Certificate Holder: Venue Operator(s) e.g. ski resort, training facility, etc. (provide full legal name)	Add as Additional Insured?	
	Yes	No

If parties other than the certificate holder (not CSA members) are requesting to be added on as Additional Insured, please attach a list of names including description of their involvement in the event.

Requested by:

CSA NSO discipline:

Date:
YYYY-MM-DD

Telephone No.:

E-Mail:

SUBMIT THIS FULLY COMPLETED FORM TO YOUR NATIONAL SPORT ORGANIZATION