



2014 – 2015 Application Information for Sanctioning Leagues

Benefits of Sanctioning:

1. **Advertising:** ARA offers advertising assistance by promoting ARA sanctioned leagues through e-mail newsletter and posters.
2. **Insurance:** All participants, coaches, instructors and officials participating in sanctioned leagues are covered by ARA's \$2,000,000 insurance policy which includes bodily injury on court.
3. **Membership Incentive Program:** ARA reimburses leagues \$10.00 for each completed ARA membership form.
4. **Website:** ARA lists sanctioned leagues on the ARA website.

Process for Sanctioning Your League:

- Complete the **Sanctioned League Agreement** form
- Collect completed **ARA registration forms** (for all participants, coaches, officials and volunteers)
- Submit **ARA membership fees** (\$10 per person payable to Alberta Racquetball Association)
- Mail** completed forms and fees to:

Barbara May, Executive Director
Alberta Racquetball Association
47 Walden Crescent
St. Albert, AB T8N 3N5

Approval:

Written notification confirming league sanctioning will be sent to the League Director. Please note: event sanctioning is required on an annual basis.



September 2014 – August 2015

Sanctioned League Agreement

I, _____, agree to undertake the following responsibilities in return for an official Alberta Racquetball Association (ARA) sanction of our league:

1. Ensure that there is a fully functional and sufficient **first aid kit** and an **emergency phone** available during league games.
2. Monitor the activities of league participants to ensure the proper use of **safety equipment** and ensure **proper behaviour**.
3. Have one person on site during league games with the following certifications: **CPR and First Aid**.
4. Provide **information** about the league so ARA can promote it on their website and in other promotional advertising.
5. Submit completed ARA membership **forms** and ARA registration **fees** for all league participants in a timely manner.

X _____ X _____ Date Signed: _____
SIGNATURE WITNESS

League Director Contact Information

Name: _____ E-Mail Address: _____

Mailing Address: _____ Home Phone: _____

City: _____ Postal Code: _____ Work/Cell Phone: _____

League Information

League Name: _____ Location: _____

Day & Time: _____ League Fees: _____

Total Number of Participants _____ X \$10.00 (ARA membership fee) = _____