



Independent Participation Endorsement Forms

If your independently insured club has members who would like endorsement to participate in a Skate Victoria sanctioned activity while independently insured, completed the **Independent Participation in a Skate Victoria Activity Endorsement Form** on page 2 and email the completed form and any required related documentation to office@skatevictoria.com.au.

If your independently insured club is hosting an event that you would like endorsement for Skate Victoria members to participate in, complete the **Skate Victoria Members Participating in Independently Insured Activity Endorsement Form** On page 5 and email the completed form and any required related documentation to office@skatevictoria.com.au.

The purpose of this endorsement is to ensure a safe environment for all participants. It will serve to support that Independently insured clubs meet the equivalent level of Risk Management as SV. If in the case of catastrophic incident information in the Endorsement form will be referred to.

Please direct enquiries to Gloria on 03 5182 6816 or via email at office@skatevictoria.com.au

Independent Participation in a Skate Victoria Activity Endorsement Form



CLUB INFORMATION

Name of independently insured club seeking endorsement: _____

Name of person completing form: _____

Club position of person completing form: _____

Club email address: _____

Is your club an incorporated association? Yes No

Does your club use the current WFTDA Minimum Skills for testing? Yes No

Does your club have a structured, documented training program? Yes No

Does your club have a Safety Protocol Policy? Yes No

Your Club agrees to provide Skate Victoria with a copy of your current Certificate of Currency from your insurer. Yes No

Your Club agrees to provide Skate Victoria with a copy of your current Insurance PDS and Schedule coverage that includes General Liability Participant to Participant coverage. Yes No

If your club has junior skaters wanting endorsement, what ruleset does your club use for juniors? WFTDA/SV JRDA

Please email to abovementioned documents to office@skatevictoria.com.au

If these documents have been emailed to Skate Victoria in the last 6 months, please

enter date the documents were emailed: ____ / ____ / _____

Independent Participation in a Skate Victoria Activity Endorsement Form



ACTIVITY INFORMATION

Venue name and address the Skate Victoria activity is being held at: _____

Name of Activity (if applicable): _____

Start Date ____ / ____ / _____

End Date ____ / ____ / _____

Daily Start Time ____ : ____ AM/PM

Daily End Time ____ : ____ AM/PM

Skating Activities (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Bootcamp | <input type="checkbox"/> Tournament |
| <input type="checkbox"/> In-House Gameplay | <input type="checkbox"/> Training session |
| <input type="checkbox"/> Inter-Club Gameplay | <input type="checkbox"/> Off Skate Activity |
| <input type="checkbox"/> Pot Luck Team Gameplay | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Officiating | <input type="checkbox"/> Promotional |

Level of Activity (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Beginner/Learn to Skate | <input type="checkbox"/> SV Modified Contact Ruleset |
| <input type="checkbox"/> Learn to Derby/Learn to Contact | <input type="checkbox"/> WFTDA Ruleset/Full Contact |
| <input type="checkbox"/> SV Low Contact Ruleset | <input type="checkbox"/> Off Skates Activity |

Category (select all that apply):

- | | |
|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Women | <input type="checkbox"/> Mixed Gender |
| <input type="checkbox"/> Men | <input type="checkbox"/> Juniors |

Independent Participation in a Skate Victoria Activity Endorsement Form



DECLARATION

I declare that I am authorised by the independently insured club to complete this form, and the information provided is true and correct.

I agree that our independently insured members will abide by all Skate Victoria Policies, Rules, Bylaws, Conditions of Entry and related documents while participating in Skate Victoria activities whilst independently insured.

I understand that as independently insured participants, they need to contact our club in the event of accident or injury.

Legal Name: _____

Signature: _____

Date: ____ / ____ / _____

**Skate Victoria Members Participating in
Independently Insured Activity Endorsement Form**



CLUB INFORMATION

Name of independently insured club seeking endorsement: _____

Name of person completing form: _____

Club position of person completing form: _____

Club email address: _____

Is your club an incorporated association? Yes No

Does your club use the current WFTDA Minimum Skills for testing? Yes No

Does your club have a structured, documented training program? Yes No

Does your club have a Safety Protocol Policy? Yes No

Do you carry out Venue Risk Assessment before an Activity? Yes No

Your Club agrees to provide Skate Victoria with a copy of your current Certificate of Currency from your insurer. Yes No

Your Club agrees to provide Skate Victoria with a copy of your current Insurance PDS and Schedule coverage that includes General Liability Participant to Participant coverage. Yes No

If your club has junior skaters, what ruleset does your club use for juniors? WFTDA/SV JRDA

Please email to abovementioned documents to office@skatevictoria.com.au

If these documents have been emailed to Skate Victoria in the last 6 months, please

enter date the documents were emailed: ____ / ____ / _____

**Skate Victoria Members Participating in
Independently Insured Activity Endorsement Form**



ACTIVITY INFORMATION

Name of Activity (if applicable): _____

Start Date ____ / ____ / _____

End Date ____ / ____ / _____

Daily Start Time ____ : ____ AM/PM

Daily End Time ____ : ____ AM/PM

Skating Activities (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Bootcamp | <input type="checkbox"/> Tournament |
| <input type="checkbox"/> In-House Gameplay | <input type="checkbox"/> Training session |
| <input type="checkbox"/> Inter-Club Gameplay | <input type="checkbox"/> Off Skate Activity |
| <input type="checkbox"/> Pot Luck Team Gameplay | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Officiating | <input type="checkbox"/> Promotional |

Level of Activity (select all that apply):

- Beginner/Learn to Skate
- Learn to Derby/Learn to Contact
- WFTDA Ruleset/Full Contact
- Off Skates Activity
- Modified Contact Ruleset - Your Club agrees to provide Skate Victoria with a copy of your modified ruleset/s being used. *If these document/s have been emailed to Skate Victoria in the last 6 months, please enter date the documents were emailed:*

____ / ____ / _____

Category (select all that apply):

- | | |
|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Women | <input type="checkbox"/> Mixed Gender |
| <input type="checkbox"/> Men | <input type="checkbox"/> Juniors |

**Skate Victoria Members Participating in
Independently Insured Activity Endorsement Form**



PARTICIPATION

Officials

Officials are required to enable safe gameplay in roller derby and as such have a duty of care to keep skaters safe during gameplay.

Does your club have documented training program
for your officials?

Yes

No

Does your club have a junior officiating policy?

Yes

No

What is the minimum age you allow on-skates officials? _____ years old.

What is the minimum age you allow off-skates officials? _____ years old.

Skate Victoria clubs

Please list all Skate Victoria Clubs participating in your activity:

Skate Australia clubs

Please list all Skate Australia clubs that are participating in your activity:

Please list the SANCTION NUMBER/S of all Skate Australia clubs that are participating in your activity

Independently insured club/s

Please list all the independently insured clubs that are participating in your activity:

**Skate Victoria Members Participating in
Independently Insured Activity Endorsement Form**



VENUE INFORMATION

Venue Name: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

DECLARATION

I declare that I am authorised by the independently insured club to complete this form,
and the information provided is true and correct.

Legal Name: _____

Signature: _____

Date: ____ / ____ / _____