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 pages 2-4 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 pages 5-8 and email the completed forma 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
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):

☐ Bootcamp
☐ In-House Gameplay
☐ Inter-Club Gameplay
☐ Pot Luck Team Gameplay
☐ Officiating
☐ Tournament
☐ Training session
☐ Off Skate Activity
☐ Recruitment
☐ Promotional

Level of Activity (select all that apply):

☐ Beginner/Learn to Skate
☐ Learn to Derby/Learn to Contact
☐ SV Low Contact Ruleset
☐ SV Modified Contact Ruleset
☐ WFTDA Ruleset/Full Contact
☐ Off Skates Activity

Category (select all that apply):

☐ Women
☐ Men
☐ Mixed Gender
☐ Juniors
DEcratch\ntation
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)*:

- [ ] Bootcamp
- [ ] In-House Gameplay
- [ ] Inter-Club Gameplay
- [ ] Pot Luck Team Gameplay
- [ ] Officiating
- [ ] Tournament
- [ ] Training session
- [ ] Off Skate Activity
- [ ] Recruitment
- [ ] 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)*:

- [ ] Women
- [ ] Mixed Gender
- [ ] Men
- [ ] Juniors
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:
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: ____ / ____ / ________