USA Track & Field
Volunteer Event Medical Professional Liability
Enrollment Form

Name of Event: _____ **Event Dates:** _____ **Event Sanction #** _____

The name and specialty of each volunteer physician and all other volunteer healthcare provider must be listed in order for coverage to apply.

	Print Name	Specialty - Check one:	
		Doctors/ Physicians*	All Others Healthcare**
		(See Descriptions Below)	
1		☐	☐
2		☐	☐
3		☐	☐
4		☐	☐
5		☐	☐
6		☐	☐
7		☐	☐
8		☐	☐
9		☐	☐
10		☐	☐
11		☐	☐
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17		☐	☐
18		☐	☐
19		☐	☐
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21		☐	☐
22		☐	☐
23		☐	☐
24		☐	☐
25		☐	☐
26		☐	☐
27		☐	☐
28		☐	☐
29		☐	☐
30		☐	☐
	Total:	☐	☐

All volunteer physicians and all other volunteer healthcare providers must be licensed (in good standing) for coverage to apply.

**Doctors shall include all Medical Practitioners, Resident Physicians, Chiropractors and other Licensed Physicians in all specialties.*

***All Other volunteer healthcare providers shall include Physician Assistants (PA), Nurses, Emergency Medical Technicians (EMT), Paramedics, Athletic Trainers, Physical Therapists, and Massage Therapists.*

READ & SIGN: I understand that the insurance company will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Name of Event Organizer/Reporting Party: _____

By checking this box, I agree that I am the above listed party. ☐

USA TRACK & FIELD
VOLUNTEER EVENT MEDICAL PROFESSIONAL LIABILITY
ENROLLMENT FORM

PAYMENT INFORMATION:

EVENT NAME: _____

EVENT DATE(S): _____

EVENT SANCTION #: _____

EVENT ORGANIZER/REPORTING PARTY: _____

TOTAL COST SUMMARY:

TOTAL # OF VOLUNTEER PHYSICIANS :	
TOTAL # OF ALL OTHER VOLUNTEER HEALTHCARE PROVIDERS :	
$56.00 X # OF VOLUNTEER PHYSICIANS =	**$**
$20.00 X # OF ALL OTHER VOLUNTEER HEALTHCARE PROVIDERS =	**$**
TOTAL AMOUNT DUE:	**$**

PAYMENT PREFERENCE:

○ **CHECK OR MONEY ORDER:** (PLEASE MAKE CHECK PAYABLE TO USA TRACK & FIELD)

ENCLOSED IS CHECK #_____ FOR $_____

○ **CREDIT CARD:** (VISA ONLY) *FOR THIS FORM OF PAYMENT, CONTACT USATF - TYLER NELSON - **PH: (317) 261-0500***

○ **ACH**: *FOR THIS FORM OF PAYMENT, CONTACT USATF - TYLER NELSON - **PH: (317) 261-0500***

MAILING INSTRUCTIONS:

PLEASE MAIL YOUR COMPLETED ENROLLMENT FORM WITH PAYMENT TO:

USA TRACK & FIELD
ATTN: SANCTIONS
130 EAST WASHINGTON STREET, SUITE 800
INDIANAPOLIS, IN 46204
PH: (317) 261-0500
FAX: (800) 833-1466
SANCTIONS@USATF.ORG

ENROLLMENT FORM AND PREMIUM MUST BE POSTMARKED WITHIN 48 HOURS AFTER THE COMPLETION OF THE EVENT.