



National Governing Body for Roller Sports

USA Roller Sports
4730 South Street
Lincoln, NE 68506
402.483.7551 phone 402.483.1465 fax

2021-2022 CLUB CHARTER REGISTRATION AND VERIFICATION OF OFFICERS Important...

Please be aware that individual memberships will not be processed for members affiliated with this club until charter is complete!

PLEASE PRINT CLEARLY - USE FULL LEGAL NAMES, NOT NICKNAMES

Has this location ever had a chartered USARS club? [ ] Yes [ ] No Club Id #: \_\_\_\_\_

Type of Club: Check only one subcategory under each sport. Additional subcategories must be chartered on a separate form.

- Artistic \$90 [ ] All types
Hockey Rink (Ball) [ ] Full \$90 [ ] Limited (no fee)
Roller Derby (Flat or Banked) [ ] Adult \$300 [ ] Junior \$100
Speed \$90 [ ] Inline [ ] quad [ ] Both
Additional Sports \$90 [ ] Inline Freestyle [ ] Inline Downhill [ ] Scooter [ ] Roller Freestyle

Club Name: \_\_\_\_\_

Premises where club activities will take place:

Facility Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Size of Skating Surface: \_\_\_\_\_ x \_\_\_\_\_ feet. Type of Surface: \_\_\_\_\_

Club Mailing Address (only if different from address above):

Club Contact: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Club Officers (we suggest that 2 separate people sign (but only 1 is required) and they must be a current 2021-22 USARS member. If they are not a current member, they must register for their membership through the on-line registration.

President: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_
Check all that apply: [ ] Competitor this season [ ] Non Competitive [ ] USARS Coach

VP/Secretary/Treasurer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_
Check all that apply: [ ] Competitor this season [ ] Non Competitive [ ] USARS Coach

Additional Club Officers (If desired) authorized to sign transfer releases (MUST BE USARS MEMBERS).

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

All officers and persons authorized to sign club releases must hold a current (2021-2022) membership with USARS. A club charter and all associated memberships will not be sent until all officers and persons authorized to sign club releases have been registered with USARS. To be entitled to full voting privileges, a USARS club must have a minimum of five (5) active members, and no club may be registered without a minimum of 1 officers: President and Secretary/Treasurer. Applicants will be notified if their application is incomplete. The incomplete application will be held for 60 days after which it will be returned and skaters so notified that they are free to re-affiliate with another club.

#### AGREEMENT

The undersigned representatives of the club organization hereby make application for Club Membership under sponsorship of USA Roller Sports (USARS) and do certify that all club members shall be individually bona fide members of USARS, and if accepted, agree to observe, uphold, and respect the By-Laws, Rules and Regulations of this Confederation as they affect amateur competitive roller sports. The undersigned club officers agree to indemnify and hold USARS harmless from any and all damages or liability which may be asserted against USARS as a result of the undersigned club officers' failure to so observe and enforce said By-Laws, Rules and Regulations of this Confederation as they affect competitive roller sports, or as a result of the undersigned club officers' negligence, or as a result of any other fault on the undersigned club officers' behalf. The undersigned club officers further agree that they have no express or implied authority to bind, obligate or hold themselves out as agents of USARS. The undersigned club officers further agree that all sanction fees will be promptly turned over to USARS Headquarters according to the terms of the sanction. The undersigned club officers also agree to submit a copy of all club minutes and the Club Constitution to USARS Headquarters.

In addition, the club agrees to complete all event sanction forms to include both the Pre-Event Sanction Application and Post-Event Sanction Reporting Form. And that upon approval to conduct a sanction, along with any practices or competitions or education (Star Skate) or camps/clinics associated with the club, that the club agrees to follow all policies related to Athlete Safety to include: USARS Policies, the US Center for SafeSport Policies (SafeSport Code & Minor Athlete Abuse Prevention Policies MAAPP) and the United States Olympic & Paralympic Committee Policies.

#### **A copy of any contracts and/or leases with facilities must be included with this application**

By signing below, the undersigned acknowledges that they have had an opportunity to review the insurance policy in place for all USARS members and clubs, understands the contents and limitations contained therein, and have had an opportunity to ask any questions regarding said insurance policy.

#### PLEASE SIGN BELOW

Club President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary/Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The undersigned facility owner/operator hereby agrees to allow the host club to use the facility as their chartered facility.**

Print Owner/Operator Name: \_\_\_\_\_ Email: \_\_\_\_\_

Owner/Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please only use ONE of the methods below. Duplicate returns may result in duplicate charges and delayed processing.**

**EMAIL** completed form and credit card information to:  
[membershipsupport@usarollersports.org](mailto:membershipsupport@usarollersports.org)

**FAX** completed form and credit card information to:  
1.402.483.1465

**MAIL** completed form and check or credit card information to: USA Roller Sports, 4730 South Street, Lincoln, NE 68506

#### CREDIT CARD INFORMATION

Card Number: \_\_\_\_\_ CCV#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Total Amount To Charge: \_\_\_\_\_