

Additional Insured Request Team





Umpires

Go To My Umpire Page

Individually Registered Teams

View My Teams - Add Team

Individually Registered Leagues

View My Leagues - Add League

Teams - Please contact your local association to learn more about becoming an ASA Sanctioned Only Team.

Local Association Contact(s)

If you have questions or concerns, here is contact information for your local association.

Registration Contact

Name: Carolyn Shafer Association: OK - Oklahoma Phone: (918) 355-4970 Email: carolynshafer2@yahoo.com

Umpire Contact

Name: David Anderson Association: OK - Oklahoma Phone: (580) 332-4410 Email: dist8uic@cableone.net

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My Teams © 2017 Year © 2016 Year

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	#	Team Name	Status	s Date	Mbr Count	Issues	Roster	Insurance	Classification	Group/League	Season
ŧ		Test 2016 14U		9/12/2016	3	Yes	Not Submitted	Not Submitted	Girls Fast Pitch 14/Under	ASA National / N/A	2017 Year
ŧ		Test 2017	ding	12/7/2016	1	No	Not Submitted	Not Submitted	Girls Class A Fast Pitch 12/Under	ASA National / N/A	2017 Year
Ð		Register USA Softba Test 2017	Approved	12/9/2016	1	No	Not Submitted	Not Submitted	Girls Fast Pitch - Unclassified	ASA National / N/A	2017 Year
-		- Charles									

Start by going to your team. Note: Your team is required to have at least one approved member



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In	vo	ice(s): <u>12</u> :	5 <u>629</u>												
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		#	Photo	PersonID	Name	Role	DOB	BG	ACE	Conc	Birth C	Paid	Inv	Status	Status Date	BG Status
	ŧ			902259	First Last	Team Administrate	5/25/1977							Approved	12/1/2015	Cleared
	ŧ			902270	Liam Hill	Coach	5/25/1980					\checkmark	125629	Approved	12/1/2015	Not Started
	ŧ			902259	First Last	Head Coach	5/25/1977					\checkmark	125629	Approved	12/1/2015	Cleared
	ŧ			902260	Samantha Evans	Player	9/14/2000				\checkmark	\checkmark	125629	Approved	12/1/2015	
	۲			902269	Emily Gomez	Player	6/6/2000				\checkmark	✓	125629	Approved	12/1/2015	
	۲			902265	Sophia Jackson	Player	6/22/2000				\checkmark	\checkmark	125629	Approved	12/1/2015	
	ŧ			902264	Lauren Lake	Player	4/23/2000				J	J	125629	Approved	12/1/2015	

Click the drop-down menu and select the "Request Additional Insured" option, then select the green button that says "Go."



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Additional Insured Requests

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#		Status	Main Reg
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Add New Request 🛛 🗙	
Each Additional Insurance request should pertain to a single entity (school district, organization, complex, institution, etc.)	
Main Requester (Organization, Institution, etc. Max 150 Characters)	Alt Req
Please enter the name of the addt'l insured above	data to display
Requester Address	•
Please enter the address	
Requester City, State, & Zip Please enter the CSZ	Click the blue "Add New" button at the
Additional Information (Max 50 Characters)	top left corner of the page and
Optional Submit Close	complete the information in the window that appears.



Click Go to initiate your selection.	Click Open to view your selection.
Team Actions 🔻 Go	Printable Documents Open Add Team Member
	Printable Documents
Team Members Information Pos	BG Consent Form
	Insurance Certificate
Select All Unselect All Select al	JO Champ Req Form
	Official Tourn Entry Form
Drag a column header here to group by	Roster
# Photo PersonID Name	Addtl. Ins.
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Once your local commissioner approves your request, you will be able to print the updated insurance certificate from your team page under the second drop-down menu that says "Printable Documents."





Additional Insured Request Team

