



# AGREEMENT TO SANCTION EVENT

Registered APA Club Name \_\_\_\_\_

Name of Event: \_\_\_\_\_

Dates of Insurance Wanted: \_\_\_\_\_

*(Please list public event days only; for insurance purposes, "set up/take down" days will be automatically included unless there will be riding by non-APA members) **If you cancel, you need to inform the APA office ASAP.***

**Co-Beneficiary for Liability Insurance If Needed:** Fill out the following if you would like the property owner to be listed as a co-beneficiary for liability insurance (otherwise, Proof of Insurance can be provided to landowner):

\_\_\_\_\_  
*Please list owners of property, facility, grounds, name of corporation, whatever is appropriate*

\_\_\_\_\_  
*Mailing Address of Facility, if different from Event Location*

## Event Committee Contact Person

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## Event Details and Site Information

Number of Actual Play Days: \_\_\_\_\_ Number of Players Anticipated: \_\_\_\_\_

Number of Extra Insurance Days: \_\_\_\_\_ Number of Spectators (estimate): \_\_\_\_\_

In the event of a tie please declare how the tie shall be broken, up to three levels:

*(For example 1<sup>st</sup> level head to head, 2<sup>nd</sup> level goals scored, then goals scored against):*

1<sup>st</sup> Level: \_\_\_\_\_

2<sup>nd</sup> Level: \_\_\_\_\_

3<sup>rd</sup> Level: \_\_\_\_\_

Event Location *(Please provide exact address)* \_\_\_\_\_

Public, Private, Other: \_\_\_\_\_ Phone at Location (if any): \_\_\_\_\_

Describe Fields *(grass, dirt, etc):* \_\_\_\_\_

Length of Run-outs available *(minimum of 20 feet):* \_\_\_\_\_

Is an alternative field available in case of unsuitability of primary field: \_\_\_\_\_

If so, give brief description: \_\_\_\_\_

Describe stabling facilities: \_\_\_\_\_

*(stalls, pens, water available, shavings, feeds, proximity to field, etc)*

EMT or other emergency services \_\_\_\_\_

Horse Welfare Officer: \_\_\_\_\_

Horse Welfare Officer Phone: \_\_\_\_\_

*(If the Tournament Organizer does not appoint a HWO, the responsibility of the position goes to the Tournament Umpire)*

**Please read the following, sign and mail to the APA address below:**

- This is a request for an APA club to sanction the event specified above. Upon acceptance of sanctioning, said club/organization agrees to run the event by the guidelines of the Rules and Regulations of the APA, revised in 2020. The Chief Umpire requests that clubs hold 1 hour rules clinics on Friday nights before the tournament. If your even is cancelled, please contact the APA office ASAP. (see below)
- Deposit: to sanction an event, clubs must submit this form to the APA as well as a nonrefundable \$200 cap fee deposit 60 days prior to the date of the event. The \$200 nonrefundable deposit will go towards the cap fees owed to the APA after the event. Example: there are 50 players at a sanctioned event, you would pay the \$200 deposit and then owe \$400 ((50 players x \$12 cap fee) - \$200 deposit).
- For tournaments, the organizer must provide the tournament rater and umpire with team lists and a schedule at least 5 days prior to the start of the tournament.
- Liability insurance for members and the property owner (if requested) and a Tournament Umpire are provided by the APA.
- It is the responsibility of the registered club to collect any new or renewing memberships at the time of registration for sanctioned tournaments. If a player's name is not on the official APA membership list, the player must make their membership current prior to playing by becoming either a day member or an annual member. The Tournament Organizer will receive an instruction letter and current membership list at least 7 days prior to the tournament. Foreign players are considered guests of the APA for the first 30 days they play in the US. After 30 days, they must become an APA member.
- The Tournament Organizer must email names and membership type to the APA office at [lhumphreys@americanpolocrosse.org](mailto:lhumphreys@americanpolocrosse.org) within 3 days of the event. All tournament results, player's names, number of players, the grades in which they played, any remaining cap fee amounts and membership dues (with forms) need to be sent to the APA office within 14 days.
- All players, including foreign players, must sign the Liability Release, Code of Conduct, and Alcohol Policy prior to participating in any APA sanctioned events. If they joined online, they have already done this.
- Cap fees are \$12 per person if the APA receives the sanctioning form at least 60 days before the tournament. **Cap fees will increase to \$15 per person if the APA receives the sanctioning form in less than 60 days.**
- The APA requires tournaments for the Player Development Program international events to be sanctioned; but the host club may apply for a waiver of cap fees to the International Liaison and then the International Liaison will bring the waiver request to the Board for approval.
- **You must complete the attached Emergency Response Plan and keep it at the score table of each field.**

**Accepted and Agreed By:** \_\_\_\_\_  
Club Officer Date

**For APA Use Only:**

Sanctioning Approved \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_  
Insurance Confirmation Date \_\_\_\_\_ By \_\_\_\_\_  
Certified Umpire Assigned \_\_\_\_\_  
Deposit Received \_\_\_\_\_ Fees Collected \_\_\_\_\_  
Event Information Returned \_\_\_\_\_  
Event Cancelled Date \_\_\_\_\_ Reason \_\_\_\_\_  
Chief Umpire Notes \_\_\_\_\_

**PLEASE SEND THE FIRST TWO PAGES TO: AMERICAN POLOCROSSE ASSOCIATION  
P.O. BOX 158, BONNEAU, SC 29431**



# Emergency Response Plan

Name of Tournament: \_\_\_\_\_

Tournament Dates: \_\_\_\_\_

Field Address: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

(can be easily found on [www.latlong.net](http://www.latlong.net) )

Tournament Umpire: \_\_\_\_\_ Phone: \_\_\_\_\_

Tournament Contacts:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Nearest Hospital: \_\_\_\_\_

Hospital Address: \_\_\_\_\_

Nearest Hospital with CAT Scan: \_\_\_\_\_

Hospital Address: \_\_\_\_\_

Non-Critical Transport Vehicle: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Non-Critical Transport Vehicle (2): \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_



## Frequently Asked Questions & Notes:

- Suggested training for anyone:  
<https://www.cdc.gov/headsup/youthsports/training/index.html>
- Club Contact list: Individuals that can make things happen quickly at the tournament.
- Recommended First Aid supplies: Sam Splints, Ace Bandages, Arm Sling, Back Board, Straps and C-Collar.
- Non-Critical Transport Vehicle: Large SUV that can transport a non-critical player: If one is not available, the APA does not allow transport in the back of a truck, wait for ambulance to arrive.
- Pre-Tournament Communication: The Tournament Organizer should communicate with local EMS and inform them of the location, nature of sport, and address to the field.
- Rendezvousing Ambulance: In the event an ambulance is called to the field, the Tournament Organizer should designate an individual to meet and guide the ambulance to the injured player.
- Large Tournaments: It's the best practice that large tournaments should have an ambulance on standby.

