

WFTDA Member Portal User Guide

Updated March 2025

This guide has been created to provide step-by-step instructions on how to set up an account, purchase your own personal accident insurance, and how to be designated as a League Administrator. For instructions for League Administrators to manage their league's information, see the League Administrator Guide.

Should you encounter any issues, please email portal@wftda.com.

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ACCESSING THE MEMBER PORTAL

The WFTDA Member and Insurance Portal (Member Portal) is located at <u>https://wftda.ps.membersuite.com/</u> (there is a link to the Member Portal on the WFTDA Resources website at <u>resources.wftda.org</u>), and is best viewed on a computer.

If you are a returning user, enter the email address affiliated with your account and your password.

The **Forgot your password? Click here** link can be used to reset your password. See the section below for more information.

If you are a League Administrator looking to manage your league, you will log in with your own user account and access your league's profile through a link on your profile. Learn more in the <u>WFTDA Portal Administrator Guide</u> (linked on the login page).

| IMPORTANT INFORMATIO | N! |
|---|---|
| This portal currently provides account a | ccess to WFTDA Member Leagues as well as WFTDA Insurance customers. Please be aware that |
| WFTDA membership and insurance a | re not linked, and pay careful attention to which account you're managing when |
| purchasing/renewing your WFTDA M | lembership or WFTDA Insurance policy. User guides are available at the links below. |
| • WFTDA Portal Individual User | Guide |
| WFTDA Portal League Adminis | strator Guide |
| Email nortal@wftda.com for assistance | a with your portal account |
| Eman portare with com for assistance | will your portal account. |
| Visit the <u>WFTDA Online Community</u> | for member resources and discussion groups [How to Access]. |
| Visit <u>wftdi.com</u> for WFTDA Insurance | e information and resources. |
| | |
| | IMPORTANT SECURITY UPDATE: You are now required to log in with your email address |
| RETURNING USERS | as your username. Please enter your email address on life to log in and update your password if |
| Email * | prompted. |
| karen@wftda.com | |
| | |
| Password: * | |
| Password: * | |
| Password: * Forgot your password? Click here | |
| Password: * Forgot your password? Click here Login | |

CREATING A NEW ACCOUNT

If you have never purchased insurance from WFTDA, or never participated on a WFTDA charter roster, you may need to create a new account. Do not create a new account if you've had an account before and are joining a new or second league, instead you should <u>request a transfer</u> as instructed later in this guide.

Click on the Create a User Account link under the login fields.

On the Log In or Create Account page, enter your first and last name, email address (which will be your login email address), and your postal/zip code and click **Continue**.

| Member Portal | WFTDA INSURANCE |
|--|--|
| LOGIN ROLLERCON COVERAGE VE | |
| HOME > | |
| LO | G IN OR CREATE ACCOUNT |
| NEW TO THIS SITE? | ALREADY HAVE AN ACCOUNT? |
| If you are new to this system or not sure if you've used this site before, enter and click Continue. | your information below If you've already been to this site, log in below. If you've forgotten your password, please <u>click here</u> to reset it. |
| First Name: * | Email * |
| Last Name: * | Password: * |
| Email: * | Continue |
| Postal Code: * | |
| Continue | |
| | |
| Privacy Policy | |
| | |

Next, you will enter your profile information.

| BASIC INF | ORMATION |
|-----------------|-----------------------------|
| Profile Photo | 7 |
| NO IMAGE | |
| Change Profile | Photo |
| Browse No fi | le selected. |
| Images larger t | han 120x120 will be resized |

You may upload a profile photo under **BASIC INFORMATION**, but it is not required.

| | | Password must meet the following requirements: | |
|-------------------------------------|-----------------------|---|--|
| Email: | toastercity@wftda.com | | |
| Password: * | | Be at least 8 characters | |
| Confirm Password: | | At least 1 lowercase letter | |
| * | | At least 1 number | |
| First Name: * | Testing | At least 1 symbol (^ \$ * . [] { } () ? - " ! @ # % & / \ ,> < ' : ; _ | |
| Last Name: * | Tester | ^`) | |
| PHONE NUME Use the Preferred? ra | BERS | phone number at which you prefer to be contacted. | |
| | | Preferred? | |
| Mobile Phone | | 0 | |
| Number: * | | | |
| Home Phone | | \bigcirc | |
| Number: | | \bigcirc | |
| | | | |
| ADDRESS INI | FORMATION | | |
| Mailing Address | | | |
| Line 1 : * | | | |
| Line 2 : | | | |
| Postal Code : * | | | |
| City : * | | | |
| State/Province : * | | | |
| Country : * | | No Country | |
| | | Validate Address | |
| Address Preferences | | | |
| What is your preferred | d mailing address? | Mailing ~ | |

Next, create a password that you will use to access the member portal and enter your First and Last Name. This should be the legal name or name you use publicly. It will be used on team charter rosters and any insurance policies.

Enter your phone number and address information. This is necessary for US insurance and WFTDA will not use it to contact you.

COMMUNICATION PREFERENCES

Image: A start of the start of

General Communication Options

Note that if you select **Do Not Email?** you will not receive any email blasts, but you will still receive confirmation emails.

Do Not Email?

Message Categories

Below you can opt out of certain "categories" of communication, allowing you to control what kinds of emails you get. When an email blast is sent, if you have chosen to opt out of the category you will be automatically excluded from the blast. Below are the message categories for which you will receive messages.

| You are opted IN to these lists | + | You are opted OUT of these lists | |
|--|---|----------------------------------|--|
| WFTDA Confidential Newsletter | + | | |
| WFTDA Member League Updates | • | | |
| WFTDA Insurance Third-Party Promotions | | | |
| WFTDA Insurance Updates | | | |
| | | | |
| | | | |
| | | | |
| | | | |

DATA SHARING

WFTDA Insurance Customers: WFTDI may occasionally share our customers' contact information with third parties for the purpose of promoting relevant products and services. If you consent to this, please check the box below.
I consent to share my data with third party marketing partners of WFTDI.

INSURANCE (IF NOT PURCHASED THROUGH WFTDA)

| Insurance Provider: | Select • |
|----------------------|----------|
| Policy #: | |
| Coverage Start Date: | |
| Coverage End Date: | |

Next, complete your COMMUNICATIONS PREFERENCES.

You are automatically set to not receive emails, but if you wish to receive newsletters with important information from WFTDA or WFTDI insurance, or if you are in a leadership role with your league, deselect that box. Then you may select which communications you receive once you are receiving email.

If you wish to receive information from WFTDI partners, click the box to consent to share your data under **DATA SHARING**.

You may ignore the **INSURANCE** section.

| INFORMATION | | | | |
|--|------|--|----------|--|
| Derby Name: * | | Uniform Number: | | |
| Enter your Legal Name if you skate with that name. | | Enter your uniform number if applicable. | | |
| Derby Name Pronunciation: * | | Pronouns: * | Select • | |
| Spell out how you say your name | | Please select your pronouns. | | |
| Date of Birth: * | | | | |
| | Next | Cancel | | |
| | | | | |
| | | | | |

Finally, complete the **INFORMATION** section. Your Derby Name, Derby Name, Uniform Number, and Derby Name Pronunciation are important for WFTDA Charter Roster submissions, so please complete these accurately. Then, add your Date of Birth.

If you have an affiliation with more than one league, enter the number of your primary league jersey. When your secondary league submits a charter, their Roster Manager should change the uniform number manually in the charter roster, and inform WFTDA Charters (charters@wftda.com) of the number change for this league. WFTDA will put a note for that team for future charter submissions.

Click **NEXT**.

| 📂 ID: 130867 | E Testing Tester | 🛓 峺 logout |
|--|--|------------|
| HOME > | | |
| | ANNUAL SIGNATURES | |
| | Individual #130867 - Testing Tester has been saved successfully. | |
| | | |
| CODE OF COND | UCT | |
| I have read and acres to | | |
| i nave read and agree to | abide by the WFTDA Organizational Code of Conduct. * | Select • |
| Click <u>here</u> to download the Code of Cond | a bide by the WFTDA Organizational Code of Conduct. * | Select * |
| Click here to download the Code of Cond | a bide by the WFTDA Organizational Code of Conduct. * | Select * |
| Click here to download the Code of Cona | a bide by the WFTDA Organizational Code of Conduct. * duct. NAIVER OF LIABILITY | Select * |
| Click here to download the Code of Cona RELEASE AND V I have read and agree wi | a bide by the WFTDA Organizational Code of Conduct. * duct. WAIVER OF LIABILITY ith the WFTDA Release and Waiver of Liability, Assumption of Risk, and | Select • |
| Click here to download the Code of Cond RELEASE AND V I have read and agree wi Indemnity Agreement * | a bide by the WFTDA Organizational Code of Conduct. * duct. NAIVER OF LIABILITY ith the WFTDA Release and Waiver of Liability, Assumption of Risk, and | Select • |
| Click here to download the Code of Cona RELEASE AND V I have read and agree wi Indemnity Agreement * Click here to download the Release and V | a bide by the WFTDA Organizational Code of Conduct. * duct. WAIVER OF LIABILITY ith the WFTDA Release and Waiver of Liability, Assumption of Risk, and Waiver of Liability form. | Select • |
| Click here to download the Code of Cona RELEASE AND V I have read and agree wi Indemnity Agreement * Click here to download the Release and V | a baide by the WFTDA Organizational Code of Conduct. * duct. NAIVER OF LIABILITY ith the WFTDA Release and Waiver of Liability, Assumption of Risk, and Waiver of Liability form. | Select |
| Click here to download the Code of Cona RELEASE AND V I have read and agree wi Indemnity Agreement * Click here to download the Release and V SIGNATURE | a abide by the WFTDA Organizational Code of Conduct. * duct. VAIVER OF LIABILITY ith the WFTDA Release and Waiver of Liability, Assumption of Risk, and Waiver of Liability form. | Select • |
| Click here to download the Code of Cona RELEASE AND V I have read and agree wi Indemnity Agreement * Click here to download the Release and V SIGNATURE Signature: * | a bide by the WFTDA Organizational Code of Conduct. * duct. NAIVER OF LIABILITY ith the WFTDA Release and Waiver of Liability, Assumption of Risk, and Waiver of Liability form. | Select • |

You will see the Annual Signatures page. This will display again at the start of each calendar year with any signatures that WFTDI or WFTDA require from each participant.

Use the pulldown menus to accept the statements that are linked on the page, and enter your legal name in the signature page.

Click on Continue & Confirm.

The system will load the page with the signature completed. Click **Previous** to make changes, or click on **Save Changes** to complete the signup process.

The system will confirm that your submission was saved. If you click on **Home**, it will take you to your portal home page with your information completed.

Your League Administrator will complete any additional role assignments and you may proceed to purchase insurance, if you wish.

Multiple Identities Detected Page (For those assigned as League Administrator)

If you are a league administrator in the WFTDA Dashboard and login, you may first see this page before seeing your Member Portal Home page.

| Multiple Identities Detected | |
|---|--|
| It looks like the account you've logged into has the right to manage more than one customer in our system. Please choose the customer you'd like to login as. When you login as this customer, everything you do will be on behalf of this customer - this includes making payments, viewing invoices, registering for events. You can switch between identities by using the drop down list at the top of your screen. | |
| Select an identity: | |
| Shelli Wiggins (Individual) | |
| Non-Affiliated WFTDA Members (Organization) | |
| | |
| Continue | |

To log in as the league admin, select "LEAGUE NAME (Organizational)". You will be able to manage transfers, purchase league insurance coverage, and manage organization contacts from this screen.

To manage your individual account, you'll need to click on the link that contains "YOUR NAME (Individual)."

In each case, you will have a link on your Member Portal Home page under the contact information to switch between the two identities. This multiple identities page only appears once, so moving forward, you will use the link on your home page to toggle between the two identities as needed.

FORGOT/RESET YOUR PASSWORD

If you ever forget your password, click on the **Forgot your password? Click here** link under the login fields.

| RETURNING USERS |
|----------------------------------|
| Email * |
| karen@wftda.com |
| Password: * |
| ••••• |
| Forgot your password? Click here |
| Login |
| |
| New Users |
| <u>Create a User Account</u> |

It will take you to a page to enter the email address you entered to register in the member portal. Once entered, it will send a reset email to your email address. If you no longer have access to your email address, or don't receive your password reset email, email <u>portal@wftda.com</u> for assistance.

MEMBER PORTAL HOME PAGE

The portal home page displays all your important information.

| WFTDA ACCOUNT INFORMATION | | |
|---|-----------------------------|------------------------|
| PROFILE | MY ACCOUNT | |
| Member ID: 81283 | Outstanding Balance: | \$0.00 |
| Karen Kauffman | Last Payment: | 12/16/2022 for \$70.00 |
| | <u>View Account History</u> | |
| | | |
| Preferred Contact #: | | |
| Email: karen@wftda.com | | |
| Edit Profile Information Change My Password My Reports Manage Transfer Requests | | |
| You are linked to 2 other record(s). You can login as them to | | |
| update or review their account information: | | |
| | | |
| <u>Suburbia Roller Derby (Organization)</u> | | |

Note: The My Reports button only displays if you're a WFTDA volunteer with access to WFTDA reports.

EDIT PROFILE INFORMATION

To edit your personal information, click on **Edit Profile Information**. See the <u>Creating a</u> <u>New Account</u> section above for specifics on the information we collect.

CHANGE YOUR PASSWORD

If you wish to change your password, click on Change My Password.

| CHANGE PASSWORD | | | |
|------------------------|----------------|---|--|
| Changing Password For: | Karen Kauffman | Password must meet the following requirements: | |
| Current Password:* | | Be at least 8 characters | |
| New Password:* | | At least 1 uppercase letter | |
| Confirm New Password:* | | At least 1 lowercase letter | |
| Save Change | cancel | At least 1 symbol (^ \$ * . [] { } () ? - " ! @ # % & / | |

Enter your current and new password and click on Save Changes.

MANAGE TRANSFER REQUESTS

See the <u>Requesting A League Transfer Section</u> below for an explanation of how to request a transfer to a new league, or join a secondary league. This is also how you will join your league if you've just created a new account.

LEAGUE ADMINISTRATOR LINK

If you are a League Admin for multiple leagues, you will see your league affiliation links below the buttons. Use these to toggle between your league page (as an admin) and your personal page. Learn more in the <u>League Administrator Guide</u>..

MY ACCOUNT

The My Account area will display your last payment to WFTDA (for insurance payments).

OTHER AREAS OF THE HOME PAGE

WFTDA MEMBERSHIP Manage your league's WFTDA Membership (League Admins ONLY). THIS IS NOT INSURANCE--PURCHASE INSURANCE IN THE "WFTDA INSURANCE" BOX BELOW Member Since: 5/1/2005 Type: WFTDA League Membership Join/Renew Women's Flat Track Derby Association WFTDA INSURANCE (U.S. PARTICIPANTS ONLY) Purchase New WFTDA Insurance My League is Paying for My Insurance LEAGUE MEMBERS

View League Members

WFTDA MEMBERSHIP

Ignore the WFTDA Membership area. This displays your league's WFTDA membership information and is for your League Administrator to pay your league's annual membership dues, and is not tied to insurance.

WFTDA INSURANCE

The blue WFTDA Insurance section is where you will find links to manage your insurance.

LEAGUE MEMBERS

The League Members section only displays fully for League Administrators. You may ignore it.

REQUESTING A LEAGUE TRANSFER OR ADDING A SECONDARY LEAGUE TO YOUR PROFILE

From your Profile page, you may also update your league affiliation and request league transfers by using the **Manage Transfer Request** link:

| PROFILE |
|---|
| Member ID: 81283 |
| Karen Kauffman Steel City Roller Derby |
| |
| Email: <u>karen@wftda.com</u> |
| Edit Profile Information Change My Password |
| My Reports Manage Transfer Requests |
| You are linked to 2 other record(s). You can login as them to update or review their account information: |

| Leagues i ma | Member Of | | | |
|------------------------|------------------|----------|----------|------------------|
| Relationship | League Name | Is Prima | ry? | |
| League Admin Subu | bia Roller Derby | Yes | (Remove) | |
| Insurance Manager Subu | bia Roller Derby | Yes | (Remove) | |
| | | | | Request Transfer |

If you are a member of a league, all your relationships to the league will be listed here. To leave your league, click the **Remove** link from each of your league roles. You will automatically be removed from the league. **If you are dual rostered on two different leagues, DO NOT remove yourself from your primary league, and go to the next step.**

To affiliate your new account with your league, request to transfer to a new league, or add a secondary league membership, click on the **Request Transfer** button.

| If you are an individual who wishe applicable role, or all roles, and y | es to remove y | ourself from a role with your league or from the oved automatically. To request a transfer to a r | e league altogether, click on new league, click on the Req | the Remove I uest Transfer | link for the button. |
|--|-----------------|--|---|-------------------------------|----------------------|
| Any transfer request to a new lea | ague requires a | pproval from that league's administrator. Indiv | iduals may be members of m | nore than one | league at |
| equests to your league will appe | ear under Penc | Choose the League you want to | join: | a | the person |
| Relationship No records to display. | a Mem | Ioth Mountain Roller Dolls 12 Gauge Rage 1ST BANK Center 2 x 4 Roller Derby 202 Sports Complex 301 Derby Dames 3001 Nerby Dames 3909 N Main St 422 Sportsplex 423 Representation | | • | |
| Donding Tran | sfor F | ✓ Items 1-10 out o | f 4071 | | |

Use the drop down menu, or begin typing your league to bring up your league selection faster. Select your LEAGUE (not team), then click **Continue**. Make sure to select the league name and not one of their charter teams. If your league isn't listed, please do not proceed. Contact your league admin for further instructions.

The league will reflect in the **Pending Transfer Requests** until the requested league's League Admin accepts the transfer request.

NOTE: If you are dual rostered on two leagues, on the home page, only one league will show up under your name. You may still have a relationship in two leagues. If you wish to have a different league appear on the home page, email <u>portal@wftda.com</u> for help.

| | | i i i i i i i i i i i i i i i i i i i | |
|-----------------------|-------------|---------------------------------------|------------------|
| o records to display. | | | |
| | | | Request Transfer |
| Pending Tra | ansfer Requ | iests | |

WFTDA INSURANCE MANAGEMENT IN THE MEMBER PORTAL

PURCHASING INSURANCE

WFTDA Insurance may be viewed or purchased by scrolling to the **blue WFTDA** Insurance box on your profile page, below the WFTDA Membership box which pertains only to your league's WFTDA membership and is not tied to WFTDA Insurance. In the blue WFTDA Insurance box, select **Purchase New WFTDA Insurance** to purchase coverage, or **Renew/View My WFTDA Insurance** to view current, active coverage and insurance effective dates or renew your expiring policy.

For new skaters of WFTDA-Member leagues, please wait to purchase coverage until your League Administrator accepts your transfer request or you will be charged the higher, non-member rate, which is non-refundable.

Read the WFTDA Insurance FAQ if you have insurance questions.



To purchase coverage, click on the **Purchase New WFTDA Insurance** *OR*, if you are renewing, click on the link to **View/Renew WFTDA Insurance**. The appropriate link will appear based on your current coverage status.

For individuals whose leagues pay for your insurance, click on the **My league is paying for my insurance** link, which will skip the next step and will take you to the waiver screen to sign the necessary forms and generate the link for your league to pay for your insurance.

| Purchas | se Insura | ance | | |
|---------------|---------------------|--------------------------------|--------------|--|
| Select | an Insura | ance Plan | | |
| WFTDA - Le | ague Alcohol Liat | oility (8/26/2019 - 8/25/2020) |) - \$0.00 | |
| WFTDA Ger | eral Liability Insu | rance (8/26/2019 - 8/25/202 | 0) - \$0.00 | |
| OWFTDA Person | sonal Accident Me | edical (8/26/2019 - 8/25/202 | 0) - \$80.00 | |
| Quantity: * | 1 | | | |
| | | Continue | Cancel | |

On the **Purchase Insurance** page, select the appropriate insurance product you want to purchase. If the price reflected is \$0.00, you are not eligible for that coverage (only League Administrators can purchase league liability insurance). Coverage may not be renewed more than 90 days from the coverage expiration date.

Select the product and click **Continue**.

IF RENEWING

To renew your existing coverage, click the **View/Renew WFTDA Insurance** on your portal home page, find your current policy and click the "View" link (note: if your policy has already expired you will need to go back to the portal home page and purchase new coverage).

| Insurance ID | Publication | Start Date | Expiration Date | Active? | \frown |
|--------------|---------------------------------|------------|-----------------|---------|---------------|
| 9133 | WFTDA Personal Accident Medical | 3/19/2020 | 3/19/2021 | True 🤇 | <u>(view)</u> |

You will be directed to sign the **Release and Waiver of Liability** and answer qualifying certification statements.

Waiver Form

Release and Waiver of Liability

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("Agreement") IN CONSIDERATION of being permitted to participate this date, in any way, at any time, in Women's Flat Track Roller Derby ("Activity"), I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of this Activity, and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in this Activity.

2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

Please review each carefully, this is a legally binding agreement. If each statement is not valid, you aren't eligible for coverage, so you should not proceed to purchase and should contact <u>insurance@wftdi.com</u>.

| Assidental Madia | | | |
|--------------------------------------|---------------------------------------|----------|--|
| Accidental medica | ai | | |
| I am 18 or older. * | Select | - | |
| I am obtaining coverage for myself | Select | | |
| (I may not acquire coverage on | I Agree | | |
| behalf of someone else). * | | | |
| My league has WFTDA Insurance. I | Select | • | |
| understand I must obtain the same | | | |
| coverage as my league. If I am not | | | |
| affiliated with a league, I | | | |
| understand coverage is only valid | | | |
| when I skate with a WFIDA | | | |
| insurea league. | · · · · · · · · · · · · · · · · · · · | _ | |
| I understand when participating in | Select | • | |
| flat track derby, I must aunere to | | | |
| Guidelines, Failure to do so will | | | |
| result in denial of claims and may | | | |
| result in revocation of coverage. * | | | |
| Lunderstand if I am injured, I am | Colort | – | |
| responsible to submit an injury | OBIECI | | |
| report, and must do so within 14 | | | |
| days of the date of my injury. I can | | | |
| request injury reports from | | | |
| insurance@wftda.com. My league | | | |
| may assist me with this, but | | | |
| ultimately, it is my responsibility. | | | |
| Failure to submit an injury report | | | |
| within the allowable grace period | | | |
| will result in the denial of my | | | |
| claim. * | | | |
| I understand coverage is non- | Select | • | |
| refundable and non-transier asie. | | | |
| Coverage only transfere to calle. | | | |
| | | | |
| the data of my injury Lean | | | |
| Jays of the date of my injury. I can | | | |
| equest injury reports from | | | |
| may acciet me with this, but | | | |
| lidy assist the with this, sat | | | |

| request injury reports from | |
|--------------------------------------|----------|
| insurance@wftda.com. My league | |
| may assist me with this, but | |
| ultimately, it is my responsibility. | |
| Failure to submit an injury report | |
| within the allowable grace period | |
| will result in the denial of my | |
| claim. * | |
| I understand coverage is non- | Select • |
| refundable and non-transferable. | |
| Coverage only transfers to other | |
| WFTDA Insured leagues. * | |
| I understand reckless or negligent | Select 🔻 |
| behavior that is outside of the | |
| confines of game-related contact, | |
| including fighting, punching, | |
| kicking, or intentional injury, that | |
| puts you or any participant at risk | |
| is not tolerated, and is grounds fo | r |
| immediate termination of | |
| coverage. * | |
| 0 | |
| Signature | |
| Signature: * | |
| | Continue |
| | |

After agreeing to the statements and entering your name in the **Signature** box, click **Continue**.

NOTE: Individuals whose leagues are paying for your insurance will complete the process at this point. Please note that your league administrator has 30 days to pay for the insurance or your application will be deleted and you will need to sign again. Coverage is not active until it is paid for, and skaters may not participate with their leagues until coverage is active. Information on how to pay for an individual's insurance is available in the <u>League Administrator User Guide</u>.

| Enter Bi | lling Information |
|---|--|
| Amount Due: \$80 | 0.00 |
| How would you | like to pay? |
| Use Your S | aved Payment Options |
| Currently, you hav account so you do | ve no saved payment methods. When you check out, you can save your payment information on your o not have to re-enter it again. |
| | |
| ⊖Pay With a | New Credit/Debit Card |
| ⊃Pay With a ⊃Pay With Y | New Credit/Debit Card our Bank Account |
| ⊖Pay With a ⊖Pay With Y | New Credit/Debit Card our Bank Account |
| ○ Pay With a ○ Pay With Y Apply Discount, | New Credit/Debit Card our Bank Account /Promo Code |
| Pay With a Pay With Y Apply Discount, Apply discount/prof | New Credit/Debit Card four Bank Account /Promo Code mo code: |

You will be directed to the **Enter Billing Information** page to make your payment. You may pay by credit card or bank account.

Follow the prompts to complete your purchase. Once complete, you will receive a confirmation of your order email. Retain the email for your records.

PROOF OF INSURANCE

Your coverage can be verified using your Member ID, which can be found in the confirmation of purchase email, as well as on your Member Portal profile page in the top left corner (pictured on next page). This is the number that should be provided for insurance verification purposes.

| Member Portal WFTDA | | | | | | | |
|---|----------------|---|--------------------------------|--|--|--|--|
| HOME ROLLERCON COVERAGE VERIFY COVERAGE | | | | | | | |
| ID: 130867 | Testing Tester | | 🚊 🌘 LOGOUT | | | | |
| WFTDA ACCOUNT INFORMATION | | | | | | | |
| PROFILE | м | Y ACCOUNT | | | | | |
| Member ID: 130867 Testing Tester 100 N Main St Pittsburgh, PA 15215-2019 | Ou La | itstanding Balance: st Payment: <u>View Account History</u> | \$0.00 No payments on file. | | | | |
| Preferred Contact #: (412) 12 Email: <u>toastercity@wftda.co</u> | 3-2353 m | | | | | | |
| Edit Profile Information Change My Password Manage Transfer Requests | | | | | | | |

OTHER INSURANCE PROVIDERS

if your league has other insurance, that can be added in the **Edit My Information** link. WFTDA Special Event coverage can be purchased (for those who qualify) in the **Purchase WFTDA Insurance** link. This information is not required.