



Community Association

Instructors and League Policy Form

Wai'alae Iki 5 Courts, 1959 Laukahi Street, Honolulu, HI 96821
Court Office: (808) 373-1212 | wai'alae5tennis@gmail.com

The purpose of this policy is to ensure that all Leagues who conduct matches or practice at the Wai'alae Iki 5 (WI5) Courts, and paid instructors who coach or provide lessons, clinics or other organized activities for a fee while utilizing the WI5 recreation facility, are properly insured. Failure to follow this policy and complete this form may result in loss of court use privileges at WI5 by the League or Instructor. The following policy has been adopted by the Board of Directors as of January 26th, 2023.

All Leagues and Paid Instructors are required to show a certificate of insurance (COI) listing **Wai'alae Iki 5 Community Association** as an additional insured. A minimum of \$1 million personal injury and property damage liability insurance coverage and facility insurance coverage from or through the USTA, USA Pickleball Association or other similar organizations naming the Association as an additional insured. Please ensure that it lists the following under Certificate Holder:

Wai'alae Iki 5 Community Association
1959 Laukahi Street
Honolulu, HI 96821

Please submit this form along with the COI to the Tennis Director at: wai'alae5tennis@gmail.com, or to the Pickleball Director at skie111@yahoo.com. You may also mail it to: 1959 Laukahi Street, Honolulu, HI 96821, or submit it directly to the Director at the on-site office.

Approval to proceed with League play or paid/fee based instruction or activities, will be sent to the requesting WI5 Resident. Approved form with COI attachment in hard or electronic form must be readily accessible by League leadership and Instructors when working at WI5.

Resident Name (Print): _____
Resident Email: _____ Phone #: _____
Resident Address: _____
Resident Signature: _____ Date: _____
League or Instructor Name: _____
COI Attached: Yes / No Effective Date: _____ Expiration Date: _____

WI5 APPROVAL For WI5 Court Director or General Manager Use Only DATE RECEIVED: _____

Reviewed by (Print Name): _____
Approval Signature: _____ Date: _____