Community Association

Instructors and League Policy Form

Waialae Iki 5 Courts, 1959 Laukahi Street, Honolulu, HI 96821
Court Office: (808) 373-1212 | gm@waialaeiki5.org

The purpose of this policy is to ensure that all Leagues who conduct matches or practice at the Waialae Iki 5 (WI5) Courts, and instructors who coach or provide lessons, clinics or other organized activities 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 (Updated July 31st, 2025).

All Leagues and Instructors are required to show a certificate of insurance (COI) listing **Waialae 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:

Waialae Iki 5 Community Association
1959 Laukahi Street
Honolulu, HI 96821

Please submit this form along with the COI to the Tennis Director at: waialae5tennis@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, 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: _____