

Event Name: _____

Sanction Number: _____ Date of Event: _____

Event/Meet Director: _____

Person Completing Form: _____

Were the membership cards of members not previously registered through Meet Reservation checked?	<input type="radio"/> Yes	<input type="radio"/> No	Examples of Adult Participants include: <ul style="list-style-type: none"> • Coaches • Judges • Adult athletes • Photographers • Medical staff
Was the <u>Safety and Response Mandate One Pager</u> made available for anyone with Regular Contact with and/or Authority Over minors for persons not previously registered for the event?	<input type="radio"/> Yes	<input type="radio"/> No	Examples Include: <ul style="list-style-type: none"> • Medical staff • Photographer • Volunteer • Press • Security
Were all persons with Regular Contact with and/or Authority Over minor athletes who were not registered through Meet Reservation checked against the PIM and Suspended Persons lists before access to the event was granted?	<input type="radio"/> Yes	<input type="radio"/> No	Please list all persons with access to minors in the competition areas who checked-in for the event (this does not include volunteers with incidental contact such as parents, vendors, and arena staff) on the appropriate sanction sign-in forms.
Did all persons who were not registered through Meet Reservation with Regular Contact with and/or Authority Over minors show proof of current SafeSport Core or Refresher Training?	<input type="radio"/> Yes	<input type="radio"/> No	

LOCKER ROOMS/CHANGING AREA			
Was signage indicating designated changing areas visible outside of the restrooms or other designated changing area?	<input type="radio"/> Yes	<input type="radio"/> No	
Was a designated semiprivate or private changing area provided to minor athletes?	<input type="radio"/> Yes	<input type="radio"/> No	If no, please provide an explanation:
Was there a designee assigned to monitor the designated changing area for minor athletes?	<input type="radio"/> Yes	<input type="radio"/> No	Name(s): _____ _____

PHOTOGRAPHY/VIDEOGRAPHY			
Was an independent photographer or videographer used for this event?	<input type="radio"/> Yes	<input type="radio"/> No	Name(s): _____ _____
Was a third-party photography/ videography company used for this event?	<input type="radio"/> Yes	<input type="radio"/> No	Name of company: _____

MEDICAL			
Was there a medical area for massage, taping, or icing for this event?	<input type="radio"/> Yes	<input type="radio"/> No	
Were medical areas in an observable and interruptible location w/at least one other Adult Participant observing treatment?	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> N/A	
Was a third-party medical company contracted for services at this event?	<input type="radio"/> Yes	<input type="radio"/> No	Name of 3 rd party provider: _____
Were medical personnel made aware that all treatments must be in view of another Adult Participant?	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> N/A	

REPORTING			
Were there announcements made regarding Safety and Response policy and/or reporting? <i>* Announcements are not required.</i>	<input type="radio"/> Yes	<input type="radio"/> No	
Was signage indicating how to make a report visible to attendees?	<input type="radio"/> Yes	<input type="radio"/> No	
Were you made aware of any incidences of misconduct or policy violations at this event?	<input type="radio"/> Yes	<input type="radio"/> No	If yes, please describe the nature of the incident(s) and immediate steps taken on behalf of athlete safety.
If you were made aware of an incident of misconduct, was this reported to USAG or USCSS? <i>* Misconduct must be reported to the appropriate agency.</i>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> There were no incidents to report	If yes, please indicate the organization the report was made. <input type="checkbox"/> U.S. Center for SafeSport Reporting Number: _____ <input type="checkbox"/> USA Gymnastics Reporting Number: _____ <input type="checkbox"/> Law Enforcement Reporting Number: _____ <input type="checkbox"/> Other _____

Adult Participants serving in a volunteer capacity, who will not have regular contact with or authority over Minor Athletes, are encouraged to take the Center's brief Volunteer Course (or SafeSport Trained Core) before engaging or interacting with any Minor Athlete(s).

Meet Director Name _____ Date _____