



2021/2022 USA GYMNASTICS SAFE SPORT EVENT CHECKLIST

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?	Yes	No	Examples of Adult Participants include: <ul style="list-style-type: none"> • Coaches • Judges • Adult athletes • Photographers • Medical staff
Was the <u>Safe Sport Mandate One Pager</u> made available for anyone with Regular Contact or Authority Over minors for persons not previously registered for the event?	Yes	No	Examples Include: <ul style="list-style-type: none"> • Medical staff • Photographer • Volunteer • Press • Security
Were all persons with Regular Contact or Authority Over who were not registered through Meet Reservation checked against the PIM and Suspended Persons lists before access to the event was granted?	Yes	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 or Authority Over minors show proof of current SafeSport Core or Refresher Training?	Yes	No	

LOCKER ROOMS/CHANGING AREA

Was signage indicating designated changing areas visible outside of the restrooms?	Yes	No	
Was a designated semiprivate or private changing area provided to minor athletes?	Yes	No	If no, please provide an explanation:
Was there a designee assigned to monitor locker room/changing areas for minor athletes?	Yes	No	Name(s): _____ _____

PHOTOGRAPHY/VIDEOGRAPHY

Was an independent photographer or videographer used for this event?	Yes	No	Name(s): _____ _____
Was a third-party photography/videography company used for this event?	Yes	No	Name of company: _____

MEDICAL

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

REPORTING

Were there announcements made regarding Safe Sport policy and/or reporting?	Yes	No	
Was signage indicating how to make a report visible to attendees?	Yes	No	
Were you made aware of any incidences of misconduct or policy violations at this event? If yes, was this reported to USAG or USCSS?	Yes	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?	Yes	No There were no incidents to report	If yes, please indicate the organization the report was made. <input type="checkbox"/> U.S. Center for SafeSport <input type="checkbox"/> USA Gymnastics <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other _____

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

All sanctioned events and facilities under the jurisdiction of USA Gymnastics, the organization must take steps to ensure the policies are implemented and followed.

Meet Director Name _____ Date _____

