

Name of organization: _____

Website address: _____ *If you do not have a website, attach brochure and detailed description of daily activities of organization.*

Athletic Activities

Complete this section if your organization provides any athletic activities.

1. Is a waiver required to be signed by participant, the parent or guardian of the participant prior to participation in all athletic activities? YES NO
If yes, has your waiver form been reviewed by legal counsel? **Attach** copy of waiver. YES NO

2. Indicate all of the following activities that you offer at any location:

- | | | |
|--|--|--|
| <input type="checkbox"/> Acupuncture/acupressure | <input type="checkbox"/> Football – tackle | <input type="checkbox"/> Rollerblading, skating, skateboarding |
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Free weights | <input type="checkbox"/> Scuba classes or training |
| <input type="checkbox"/> Aerobic boxing/kick-boxing | <input type="checkbox"/> Hockey - ice, street, roller or field | <input type="checkbox"/> Skiing (downhill) or snowboarding |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Inflatable devices, eg. bounces | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Baseball/softball/basketball/soccer | <input type="checkbox"/> Lacrosse/rugby | <input type="checkbox"/> Trampolines, mini-trampolines |
| <input type="checkbox"/> Biking, mountain biking, BMX dirt bikes, etc. | <input type="checkbox"/> Obstacle course(s) | <input type="checkbox"/> Use of motorized vehicles, such as ATV, motorcycles |
| <input type="checkbox"/> Boxing/Kickboxing – Contact | <input type="checkbox"/> Outdoor rock climbing, rappelling | <input type="checkbox"/> Water skiing or kayaking |
| <input type="checkbox"/> Circuit training/cardio | <input type="checkbox"/> Paintball | <input type="checkbox"/> Wilderness trips |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Racquetball or squash | |
| <input type="checkbox"/> Football – flag | <input type="checkbox"/> Riflery | |

Describe in detail each activity indicated and safety controls in place: _____

3. Do you organize any or offer league or team sports? YES NO

If yes, total number of registrants and description of sports: _____

4. Do you sponsor competitions or teams that participate in competitions? YES NO

If yes, describe: _____

5. Do you offer martial arts programs? YES NO

If yes, a. Martial arts are (check all applicable): Non-contact Partial contact Full contact

b. Are any bladed weapons ever used? YES NO

c. Describe specific types of martial arts offered and safety equipment required: _____

6. Do you offer gymnastics programs? YES NO

If yes, a. Describe your gymnastics program, including levels, type of equipment used, number of registered participants: _____

b. Describe the mats and crash pads around all equipment and how they are secured in place: _____

7. Do you offer skateboarding or own or operate a skate park? YES NO

If yes, a. Describe your skateboarding program and activities, including facility and number of registered participants. Include photos of the skateboarding area. _____

b. Is the skateboard facility supervised by your adult employees or volunteers? YES NO

c. Are all skateboarders required to wear helmets, wrist guards, elbow pads, knee pads, appropriate shoes and clothing? YES NO

8. Do you offer whitewater boating or rafting activities? YES NO

If yes, a. Describe whitewater activities including river rating scale or class and number and ages of registrants: _____

b. Are all boats staffed by an experienced, insured guide? YES NO

c. Do you require at least one member of the trip to be skilled in life saving techniques? YES NO

d. Are all rafters required to wear a helmet and life vest with leg straps? YES NO

e. Are all rafters trained on safety procedures? YES NO

9. Do you offer other boating activities? YES NO

If yes, a. Number of boats you own or operate? ____ boats without motors ____ motorboats

b. Are all boaters and skiers required to wear life vests with leg straps? YES NO

10. Do you offer snow skiing or snowboarding? YES NO

If yes, a. Describe your skiing and snowboarding activities, including styles, age and number of participants and number of instructors: _____

b. Are all ski activities conducted at a commercially operated ski facility? YES NO

c. Are all skiers required to wear helmets and goggles? YES NO

11. Do you offer horseback riding activities of any kind? YES NO
- If yes,** a. Describe riding activities including locations where riding is done, type of riding, and number of participants registered:

- b. Is jumping or racing prohibited? YES NO
- c. Is riding restricted to an arena or enclosed area? YES NO
- d. Are all riders required to wear riding helmets, appropriate clothing, and shoes? YES NO
- e. Number of horses owned by your organization? _____
- f. Are all riding activities provided by independent contractors? YES NO
12. Do you own or operate any rope courses? YES NO
- If yes,** a. Describe the course and program, including location, number of elements, height, frequency of use, and number of users annually. Include photos of your rope course. _____
- b. Describe the qualifications and training program of your course operators or supervisors:

- c. Describe safety controls in place: _____
- d. Are all participants required to wear a helmet? YES NO
- e. Is all safety equipment inspected prior to every use? YES NO
- f. Was course designed, built, and inspected by an ACCT Professional Vendor Member? YES NO
13. Do you own or operate a climbing wall or tower? YES NO
- If yes,** a. Climbing wall or tower is: Located inside a building Located outside
- b. Was the wall or tower designed and installed by a licensed, insured contractor? YES NO
- c. Indicate climbing styles available: Bouldering (maximum height: _____) Top-rope Lead climbing
- d. Are climbers permitted to climb without harness, helmet or other safety equipment? YES NO
- If yes,** describe under what circumstances: _____
- e. Describe your methods of screening users before allowing them to climb or belay:

- f. Are belay system anchors "backed-up"? YES NO
- g. Is the belayer anchored to a secure point? YES NO
- h. What is the minimum age for belayers? _____
- i. Is there a minimum of 6 inches of fall protection beneath the climbing wall or tower out to a distance of 6 feet from the base of the wall(s)? YES NO
- j. Are rules, regulations and emergency procedures clearly posted in the climbing area? YES NO
- k. Describe wall & equipment inspection and maintenance procedures & schedule, including how records are maintained:

- l. Is there a program in place to identify equipment that needs to be replaced? YES NO
- m. How do you control access to the climbing wall or climbing area, both during and after business hours?

- n. Are the following always present when the wall is being used:
1. A staff member who is trained in the safety rules and is certified to belay? YES NO
2. A full-time staff member who is certified to provide first aid? YES NO
3. A first aid kit? YES NO
- o. Describe your emergency response plan in case of an accident: _____

- p. Number of climbers or belayers that have been injured in the past year? _____

14. Do you own or operate any swimming pools?

YES NO

If yes, a. Number of pools on your premises: _____

b. Provide information on all pools below. If more than 3 pools, please provide information on an attachment.

	POOL 1	POOL 2	POOL 3
Size, location and description:	_____	_____	_____
Indicate number of drains:	_____	_____	_____
Indicate shallow-end depth:	_____	_____	_____
Indicate deep-end depth:	_____	_____	_____
How is depth marked (e.g. painted markers on pool bottom, life line)?	_____	_____	_____
Describe any diving boards, diving platforms, slides or water trampolines:	_____	_____	_____
Indoor?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Enclosed by "child proof" gate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Slip resistant surfacing?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Pool chemicals kept in a dry, ventilated, locked storage area?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does pool have a pump safety shutoff?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Always a certified lifeguard on duty?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Safety equipment easily accessible within the pool area (i.e. hooks, life preservers, kick boards)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone in the pool area with emergency phone numbers posted nearby?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Suspended ceilings above pool?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

15. Do you have any water park playground areas?

YES NO

If yes, describe surfacing and playground elements: _____

16. Do you own or operate any hot tubs or whirlpools?

YES NO

If yes, a. Do all hot tubs or whirlpools have at least 2 drains?

YES NO

b. Is there a clearly marked emergency pump shutoff switch nearby?

YES NO

c. Are temperatures always kept at 104° or less?

YES NO

d. Is the hot tub operated on an automatic timer?

YES NO

e. Are unsupervised minors prohibited?

YES NO

17. Have all pools and spas been equipped with anti-entrapment drain covers or systems?

YES NO

If yes, describe systems installed and date for each pool or spa: _____

Completed by: _____ Date Completed: _____