



Minor Athlete Safety Plan

For High Performance Programs

Parent/Legal Guardian Agreement

For Minor Athletes and Parent/ Legal Guardian Only:

This agreement outlines the Minor Athlete Safety Plan that will be in place for **(Minor Athlete)** _____ during their participation in the USA Archery (USAA) High Performance program or event. This safety plan serves to outline program rules and regulations and provides contact information for the enforcement and compliance with Minor Athlete Abuse Prevention Policy (MAAPP), the U.S. Center for SafeSport (the Center) Code, and USAA policies and procedures. This document also informs all parties of how to file a report with USAA or the Center should they suspect or become aware of non-compliance with the agreement and/or USAA policies and procedures.

I, **(Minor Athlete)** _____, acknowledge that I am a participant whom is also a Minor Athlete and that I am prescribed a Minor Athlete Safety Plan for which myself, my teammates, coaches, USAA staff, contractors and other adults must respect and enforce during my participation in the **(Program Name)** (hereafter, Program) _____ from **(Dates)** _____ to _____.

The purpose of the Minor Athlete Safety Plan is to ensure the safety of myself, a participant and Minor Athlete and to ensure compliance with the USAA Minor Athlete Abuse Prevention Policy (MAAPP), the U.S. Center for SafeSport Code, and all other USAA Policies and Procedures.

The following is the safety protocols will apply to my participation in the Program:

1. I understand I should contact the below individuals if I have questions or concerns about my Program.

Program Contact

- **Name:**
- **Title:**
- **Contact Information:**

2. I will notify either my Program Contact, USA Archery, or file a report immediately if I have non-interruptible and/or non-observable contact with an Adult Participant (i.e. athlete, coach, staff or other adult) that my parent/legal guardian did not expressly sign a consent form to allow me to be with.
3. I understand I am not permitted to train without direct supervision from USAA staff and/or appointed USAA coaches for the duration of my participation in the Program. I understand this means I may not be able to train after hours or on weekends.
4. **(If Applicable: Housing Off-Site, Resident Athletes Only)** I understand that I will be residing off campus at my own expense. I have read and understand USAA's Resident Athlete Agreement and I will adhere to rules set forth in this agreement.

(If Applicable: Housing On-Site, to include Event Travel) I understand my Program Contact or their appointee will conduct room checks nightly at 9 P.M. with two (2) adults present, to ensure I am safely in my room. I understand I may not leave my room past bed check until it is time for breakfast and/or training the following morning.

5. I understand USA Archery's Program Contact or their appointee are responsible to ensure I do not leave the training facility using ground transportation with any adult participant that is not approved by my parent or legal guardian and/or Program Contact for the duration of my participation in the Program and I will collaboratively inform them of my whereabouts. I understand that I am responsible for requesting approval, in writing, from two Adult Participants in a leadership role on campus for permission to leave the campus. I understand that this request may be denied if it is not in compliance with MAAPP. I understand that my Parent/ Legal Guardian may have to sign various consent forms to allow for any outing off campus (i.e. teambuilding activities, team dinners or other non-training related activities). I understand that any activity off campus is considered In-Program contact as I would not otherwise be interacting with nor have the opportunity to spend time with other participants should I not be a participant in this Program and as such, I understand I require the appropriate pre-authorizations to participate. I understand that this is separate from and in addition to standard transportation to and from the facility for practice.

Adult Supervision Agreement

For Coaches, Staff Members and/or Adult Participants in leadership and/or positions of authority in relation to Minor Athlete(s) only:

This agreement outlines responsibilities for Coaches, Staff Members and/or Adult Participants in leadership and/or positions of authority in relation to minor athlete(s) enrolled in a USAA High Performance program and/or event. Please review your role and responsibilities for ensuring compliance with the Minor Athlete Abuse Prevention Policy (MAAPP), the U.S. Center for SafeSport Code, and USAA policies and procedures.

I, **(Name)** _____, acknowledge that I am a coach, staff member and/or Adult Participant who is also responsible for Minor Athlete(s) and the enforcement of Minor Athlete Safety Protocol for the **(Program Name)** (hereafter, Program) _____ from **(Dates)** _____ to _____. I understand that the above Minor Athlete will be participating in the program and that I am responsible for supervising this Minor Athlete. As such, I agree to abide by and ensure compliance with USAA Minor Athlete Abuse Prevention Policy (MAAPP), the U.S. Center for SafeSport Code, and all other USAA Policies and Procedures.

I understand that I am responsible for conducting and enforcing the following Minor Athlete Safety Protocols:

1. I will notify USA Archery or file a report immediately to report non-interruptible and/or non-observable contact between an Adult Participant (i.e. athlete, coach, staff or other adult) and Minor Athlete.
2. I understand Minor Athlete may not train without direct supervision from USAA staff and/or program coaches.
3. **(If Applicable, to include Event Travel)** I understand that if there are Minor Athletes housed on-site, I am responsible for conducting room checks nightly at 9 P.M. with two (2)

adults present based on the Minor Athlete roster provided to me, to ensure athletes are safely in their rooms. I understand that athletes may not leave their room past bed check until it is time for breakfast and/or training the following morning and that I will strictly enforce this rule.

- a. I will document daily room checks and document these room checks and return it to athletesafety@usarchery.org within one business days following the end of the program.
4. I will ensure that the Minor Athlete does not leave the training facility using ground transportation with any adult participant that is not officially approved by the parent or guardian and/or only for pre-approved reasons (i.e. arrival and departure from camp, medical emergencies, etc.) for the duration of the Minor Athlete's stay. I understand that I am responsible for approving off campus outings (i.e. teambuilding activities, team dinners or other non-training related activities) and Minor Athlete must receive permission from myself and another Adult Participant in a leadership role, to leave the training facility for this purpose to include ensuring the proper Minor Athlete Consent Forms have been signed by the Minor Athlete's Parent/Legal Guardian. I understand that I will be required to submit documentation of approval processes for all Minor Athlete off campus activity requests.
5. I will report if Minor Athlete does not attend training as planned without an excused absence and all Minor Athlete emergencies to the appropriate authorities and contact athletesafety@usarchery.org.

Reporting

Options for Reporting Concerns:

- a. (Minor Athletes only) I can contact my parent/legal guardian
- b. (Minor Athletes only) I can contact the USAA Program contact
- c. I can report SafeSport concerns to USAA by emailing athletesafety@usarchery.org
- d. I can report SafeSport concerns to the U.S. Center for SafeSport directly by visiting uscenterforsafesport.org/report-a-concern or calling 833-5US-SAFE
- e. I understand there are no associated costs or fees to report and that I may report anonymously

Minor Athlete Name Printed: _____

Parent/Legal Guardian Name Printed: _____

Parent/Legal Guardian Signature: _____

Date: _____

Coach/Staff/Adult Participant Name Printed: _____

Coach/Staff/Adult Participant Signature: _____

Coach/Staff/Adult Participant Role at Program or Event: _____

Date: _____