

RISK MANAGEMENT STAR CHECK LIST



_____ is hereby presenting to Indiana Soccer this self-
(soccer club or league)
evaluation checklist as part of the requirements to earn the RISK MANAGEMENT STAR in the 5-Star Club/League Program.

Fill out the following form as completely as possible. Please attach any/all necessary documents to this check list that shows compliance. The first five (5) requirements listed are not optional to earn this star. Additionally, you must fulfill at least one of the elective options. Documents may be sent electronically to angel@soccerindiana.org.

Requirements	Completed	Notes	Office Use
All Coaches, Managers, Club Staff have completed background checks.			
All Coaches, Managers, Club Staff, and player guardians have received the SafeSports Act education information.			
All Coaches, Managers, Club Staff have completed the Concussion Awareness training (CDC Heads Up) in Gotsoccer.			
Maintain Records showing that all Players/Guardians have received proper education as it pertains to Concussions as required by Indiana State Law.*			
Club has written Risk Managements Plan and/or Policies for: <ul style="list-style-type: none"> • Financial procedures • Physical Plant/ Facility/Equipment safety procedures & plan • Zero tolerance for racism, harassment, or abuse 			
All Players are registered timely.			
Verify insurance coverage (i.e. for all non- sanctioned activities).			

*Indiana Soccer partner, SportGait, can assist.

Elective (Must complete 1)	Completed	Notes	Office Use
Designate a Club Staff/Volunteer to be in charge of Risk Management on behalf of the club.			
Develop and use a risk management check list for facility safety.			

Additional Comments:

By signing below and submitting to Indiana Soccer, we believe we have completed the necessary steps to earn this prestigious recognition. We also understand that in order for our club to maintain this status, we will have to be diligent in our efforts in this area and continue to maintain these standards. Each year, we will be required to formally submit this document to state our continued compliance to maintain this recognition (Risk Management Star).

Presented by: _____ Date: _____
(Printed name Club/League Representative)

Signature: _____ Position with Club: _____

OFFICE USE: (Indiana Soccer Staff review and approval)

Signature of Staff Member Date

Staff comments: