



USA Gymnastics NATIONAL TEAM CONSENT FORM

HOW TO USE CONSENT FORMS

Please use the chart below for guidance in the use of the National Team Consent Forms. Please submit all forms to USA Gymnastics Safe Sport at safesportpolicy@usagym.org with the appropriate subject line. The body of the email should indicate the athletes name and discipline. All forms will be kept in a Dropbox folder corresponding with the appropriate discipline.

(* Indicates form is required for all participants within that category annually.

Form	Number	Signed By	How Often	Purpose	Where to submit
* SS Policy and reporting protocol	1	All Adult Participants	Annual	Acknowledgment of SS policy and Reporting	Safesportpolicy@usagym.org Subject: Acknowledgment of SS Policy Annual Form
Individual Training Sessions	2	Parents of Minor Athletes	Annual	Consent for individual training sessions	Safesportpolicy@usagym.org Subject: Consent for 1:1 Training for Minor
* Athletic Training and Medical Modalities	3	Parents of all Minor Athletes	Annual	Consent for medical treatments	Safesportpolicy@usagym.org Subject: Consent Medical Treatments
Transportation and Lodging Organized/ Sponsored by USA Gymnastics	4	Parents of Minor Athletes travelling with/sponsored by USAG	Annual	Consent to travel with USAG or travel sponsored by USAG	Safesportpolicy@usagym.org Subject: Consent to travel with USAG
* Acknowledgement of Safe Sport Policy and Jurisdiction	5	Parents of all Minor Athletes	Annual	Safe Sport acknowledgement	Safesportpolicy@usagym.org Subject: Acknowledgement of Safe Sport
Close-in-age exception	6	Parents of Minor Athletes	Each instance	Consent for adult athlete within 4 yrs. of age to lodge w/ Minor Athlete	Safesportpolicy@usagym.org Subject: Close-in-age consent
One-on-One Travel between Adult Participant with a Position of Authority and Minor Athlete	7	Parents of Minor Athletes	Annual	Consent for one-on-one travel with an Adult Participant and Minor Athlete	Safesportpolicy@usagym.org Subject: 1:1 Travel Consent
Dual Relationship	8	Parents of Minor Athletes and person with dual relationship	Annual	Consent for Dual Relationship	Safesportpolicy@usagym.org Subject: Dual Relationship Consent
Personal Care Assistant	9	Parents of Minor Athletes	Annual	Consent for Minor Athlete to be assisted by a guide or personal care assistant	Safesportpolicy@usagym.org Subject: PCA Consent



USA Gymnastics NATIONAL TEAM CONSENT FORM

ACKNOWLEDGMENT OF SAFE SPORT POLICY AND REPORTING PROTOCOL

Who: All Adult Participants (Coach, Adult Athlete, Volunteer, Chaperone, etc.)

How Often: Annually

USA Gymnastics Safe Sport Policy is the foundation for athlete safety and the prevention of abuse. The policy requires mandatory reporting, defines misconduct, and creates standards that set boundaries between Adult Participants and Minor Athletes.

Adult Participants of USA Gymnastics are expected to know and follow all policies related to the safety and welfare of athletes. Because we take the safety of athletes seriously, failure to follow Safe Sport policies could result in restrictions applied by the U.S. Center for SafeSport or USA Gymnastics.

It is the responsibility of all staff and volunteers at USA Gymnastics sanctioned events to read, understand, and follow the USA Gymnastics Safe Sport Policy.

The USA Gymnastics Sport Policy can be found at <https://usagym.org/PDFs/safesport/policy.pdf>.

Duty to Report

USA Gymnastics, its members, and any Adult Participant must report (a) any allegations of sexual misconduct involving a minor and (b) child abuse that they become aware of to the local law enforcement authorities **and** the U. S. Center for SafeSport immediately upon learning of such misconduct.

The U.S. Center for SafeSport has **exclusive jurisdiction** over all situations related to sexual misconduct. **To report sexual misconduct** to the U.S. Center for SafeSport please visit: <https://uscenterforsafesport.org/> or 720.531.0340

To report Emotional Misconduct, Physical Misconduct, Bullying or Hazing please contact USA Gymnastics at <https://usagym.i-sight.com/portal>.

One-on-one Policy

All interactions between an unrelated adult and a minor athlete at any USA Gymnastics training venue or competition must be **observable** and at a distance allowing **interruption** by another adult. This policy applies to all situations, including training, medical treatments, office meetings, locker rooms, restrooms, social media and travel.

The only exception to one-on-one policies are athletes who are within four years of age to a Minor Athlete, **approved** Dual Relationships and Personal Care Assistants such as interpreters or guides.

ACKNOWLEDGMENT OF SAFE SPORT POLICY AND REPORTING PROTOCOL

Electronic Communication Policy

The one-on-one policy applies to all electronic and social media communications. Any communication with a minor should remain professional in nature and include a third party such as the minor's guardian or other professional member of USA Gymnastics.

Medical Modalities

All medical treatments involving a **Minor Athlete** must comply with the one-on-one policy and remain **observable** and **interruptible**, with another **Adult Participant** physically present and in full site of all treatments. Additionally:

- All treatments require prior written consent by the parents of minor athletes and verbal consent by all athletes before each treatment. An athlete has the right to refuse treatment without question or request a different provider if one is available.
- In the event of an emergency where medical care is necessary to stabilize a condition, the parent or guardian of a minor athlete must be notified and if not onsite, should be notified as soon as reasonably possible to approve any further non-emergency medical treatments.
- Any contact with genitalia, is explicitly forbidden and **must be reported** to legal authorities and the U.S. Center for SafeSport.

Locker Rooms and Changing Areas

The one-on-one policy applies at all times to restrooms and changing areas.

- Adult Participants (coaches, judges, event staff, etc.) are not permitted to be alone with any minor athlete in a locker room or changing area. Exceptions will be made for emergency circumstances, athletes who are close in age, adults that qualify as a dual relationship, and personal care assistants.
- Recording of any kind is prohibited in rest rooms and changing areas by **all participants**; including athletes. This includes voice recording, still cameras, and video recording.
- Locker rooms and changing areas will be **monitored for compliance** at all training venues and competitions.

If you have any questions related to Safe Sport policy or making a report, please reach out to the Safe Sport Department at safesportpolicy@usagym.org.

Adult Participant Printed Name

Date

Adult Participant Signature



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INDIVIDUAL TRAINING SESSIONS

Who: Parents must sign for minor athletes participating in individual sessions

How often: Annual

I, _____, parent/guardian of _____ (Minor Athlete),
hereby authorize and consent for said Minor Athlete to receive In-Program individual training sessions
from _____. My consent is valid for a time period of one year (1) from the date of this
signed consent form unless revoked in writing.

I understand the following are the guidelines for Individual Training Sessions:

1. All sessions must follow the One-on-One Interactions Policy as found in the [2021 USA Gymnastics Safe Sport Policy](#).
2. A parent/guardian can observe the session where credentialing allows.
3. I can withdraw my consent for Individual Training Sessions at any time and must do so in writing with an effective date.

Parent Signature

Date



USA Gymnastics NATIONAL TEAM CONSENT FORM

ATHLETIC TRAINING MODALITIES, MASSAGES OR RUBDOWNS

Who: Parents of minor athletes

How often: Annual

I, _____, parent/guardian of the Minor Athlete identified below, hereby authorize and consent for said Minor Athlete to receive In-Program athletic training modalities, massages or rubdowns for injuries. My consent is valid for one (1) year from the date of this signed consent form unless revoked in writing.

I understand that the following guidelines apply to Athletic Training Modalities, Massages, and Rubdowns:

1. All sessions must follow the One-on-One Interactions Policy as found in [USA Gymnastics Safe Sport Policy](#).
2. All sessions must have a second Adult Participant physically present for the treatment to occur.
3. My Minor Athlete will be fully or partially clothed and their breasts, buttocks, groin, and genitals will always be covered.
4. A parent/guardian must be permitted to observe treatment, except for situations where it occurs in a competition or training venue that limits credentialing. In all situations a second Adult Participant must be physically present for treatment to occur.

I understand that my Minor Athlete or I can withdraw consent in writing for In-Program Athletic Training Modalities, Massages, or Rubdowns at any time.

Parent/Guardian Signature

Date

I, _____, parent/guardian of _____ (Minor Athlete), have read and acknowledge that the above written permission is valid for one (1) year from the date of this consent. If I am signing and submitting this consent electronically, I acknowledge that my electronic signature shall have the same validity, force, and effect as if I signed this consent by hand.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature



USA Gymnastics
NATIONAL TEAM CONSENT FORM

**TRANSPORTATION AND LODGING
ORGANIZED/SPONSORED BY USA GYMNASTICS**

Who: Parents of minors travelling with USA Gymnastics

How often: Annual

I, _____, parent/guardian of _____ (Minor Athlete), hereby authorize and consent that said Minor Athlete can travel with USA Gymnastics to and from all In-Program activities. My consent is valid for one (1) year from the date of this signed consent form unless revoked in writing. I understand that my Minor Athlete or I can withdraw consent in writing at any time.

Parent/Guardian Signature

Date

I, _____, as parent/guardian of _____ (Minor Athlete), have read and acknowledge that the above written permission is valid for one year as identified above. If I am signing and submitting this consent electronically, I acknowledge that my electronic signature shall have the same validity, force, and effect as if I signed this consent by hand.

Parent/Legal Guardian Printed Name

Date

Parent/Legal Guardian Signature



USA Gymnastics NATIONAL TEAM CONSENT FORM

ACKNOWLEDGEMENT OF SAFE SPORT POLICY AND JURISDICTION

Who: Parents of minor athletes

How often: Annual

Dear Parent or Guardian:

All training activities, competitions, travel, and any event in conjunction with USA Gymnastics is under the jurisdiction of the USA Gymnastics Safe Sport Policy and the U.S. Center for SafeSport's Minor Athlete Abuse Prevention Policies (MAAPP).

USA Gymnastics Safe Sport Policy is the foundation for athlete safety and the prevention of abuse. The policy requires mandatory reporting, defines misconduct, and creates standards that set boundaries between Adult Participants and Minor Athletes.

Adult Participants are expected to know and follow all policies related to the safety and welfare of athletes. Because we take the safety of athletes seriously, failure to follow Safe Sport policies could result in restrictions applied by the U.S. Center for SafeSport or USA Gymnastics.

The 2021 USA Gymnastics Safe Sport Policy can be found at <https://usagym.org/PDFs/safesport/policy2021.pdf>

Duty to Report

USA Gymnastics, its members, and any Adult Participant must report (a) any allegations of sexual misconduct involving a minor and (b) child abuse that they become aware of to the local law enforcement authorities **and** the U. S. Center for SafeSport immediately upon learning of such misconduct.

The U.S. Center for SafeSport has **exclusive jurisdiction** over all situations related to sexual misconduct.

To report sexual misconduct to the U.S. Center for SafeSport please visit <https://uscenterforsafesport.org/> or call 720.531.0340.

To report Emotional Misconduct, Physical Misconduct, Bullying or Hazing please contact USA Gymnastics at <https://usagym.i-sight.com/portal>.

ACKNOWLEDGEMENT OF SAFE SPORT POLICY AND JURISDICTION

The following Prevention Policies are required of all Adult participants with authority over Minor Athletes at any member club, training venue, or competitive event:

One-on-one Policy

All interactions between an unrelated adult and a minor athlete at any USA Gymnastics training venue or competition must be **observable** and at a distance allowing **interruption** by another adult. This policy applies to all situations, including training, medical treatments, office meetings, locker rooms, restrooms, social media and travel.

The only exception to one-on-one policies are athletes who are within four years of age to a Minor Athlete, **approved** Dual Relationships and Personal Care Assistants such as interpreters or guides.

Electronic Communication Policy

The one-on-one policy applies to all electronic and social media communications. Any communication with a minor must remain professional in nature and include a third party such as the minor's guardian or other professional member of USA Gymnastics.

Medical Modalities

All medical treatments involving a **Minor Athlete** must comply with the one-on-one policy and remain **observable** and **interruption**, with another **Adult Participant** physically present and in full site of all treatments. Additionally:

- All treatments require prior written consent by the parents of minor athletes and verbal consent by all athletes before each treatment. An athlete has the right to refuse treatment without question or request a different provider if one is available.
- In the event of an emergency where medical care is necessary to stabilize a condition, the parent or guardian of a minor athlete must be notified and if not onsite, should be notified as soon as reasonably possible to approve any further non-emergency medical treatments.
- Any contact with genitalia, is explicitly forbidden and **must be reported** to legal authorities and the U.S. Center for SafeSport.

Locker Rooms and Changing Areas

The one-on-one policy applies at all times to restrooms and changing areas.

- Adult Participants (coaches, judges, event staff, etc.) are not permitted to be alone with any minor athlete in a locker room or changing area. Exceptions will be made for emergency circumstances, athletes who are close in age, adults that qualify as a dual relationship, and personal care assistants.
- Recording of any kind is prohibited in rest rooms and changing areas by **all participants**; including athletes. This includes voice recording, still cameras, and video recording.
- Locker rooms and changing areas will be **monitored for compliance** at all training venues and competitions.

If you have any questions related to Safe Sport policy or making a report, please reach out to the Safe Sport Department at safesportpolicy@usagym.org.

Parent/Legal Guardian Printed Name

Date



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**CLOSE-IN-AGE EXCEPTION:
 ADULT PARTICIPANT & MINOR ATHLETE**

Who: Parents of minor athletes staying with an adult athlete that meets the Close-in-age exception (No more than 4 years)

How often: Required for Each Instance

I, _____, parent/guardian of _____ (Minor Athlete), hereby authorize and consent to _____ (Adult Participant), that is no more than four (4) years older than said Minor Athlete, to share a hotel room or otherwise sleep in the same room with a Minor Athlete for In-Program lodging related to Member Club or USA Gymnastics sanctioned events.

I understand that an Adult Participant who serves in any role that has the power or authority to direct the conduct of the Minor Athlete is prohibited from sharing accommodations with a Minor Athlete and I specifically object to any such arrangement.

The specific accommodations to which this Consent refers are:

Date	Event/Occasion	Location

I, _____, parent/guardian of _____ (Minor Athlete), have read the USA Gymnastics Policy and acknowledge that the above written permission is valid only for the dates identified above. If I am signing and submitting this consent electronically, I acknowledge that my electronic signature shall have the same validity, force, and effect as if I signed this consent by hand.

 Parent/Legal Guardian Printed Name

 Date

 Parent/Legal Guardian Signature



USA Gymnastics NATIONAL TEAM CONSENT FORM

ONE-ON-ONE TRAVEL BETWEEN ADULT PARTICIPANT WITH A POSITION OF AUTHORITY AND MINOR ATHLETE

Who: Parents of minor athletes travelling one-on-one with a coach or other Adult Participant with authority over the minor

When: For all one-on-one travel organized by or sponsored by USA Gymnastics

How often: Annual

POLICY REQUIREMENTS

1. Must follow ALL aspects of the One-on-One Interactions Policy located on page 18 of the [2021 USA Gymnastics Safe Sport Policy](#) unless an exception exists or appropriate consent is obtained. The One-on-One Policy requires that all contact be:
 - Observable
 - Interruptible
2. In-Program transportation requirements are met if the Adult Participant is accompanied by another Adult Participant or at least two minors, if a documented exception exists, or if necessary written consent has been obtained.
3. One-on-one In-Program travel is permitted between an Adult Participant and a Minor Athlete when advance written consent is obtained from a parent/guardian on an annual basis. (Can be withdrawn at any time.)
4. Written consent must be obtained from a parent/guardian annually for all transportation sanctioned by the Organization.

POLICY EXCEPTIONS

If one of the following exceptions exists, In-Program transportation is not required to follow the One-on-One Interactions policy. For non-emergency exceptions, appropriate written consent must be obtained.

1. Emergency.
2. Dual Relationship – The Adult Participant has an approved existing relationship with the Minor Athlete outside of the gymnastics environment. (ex: family, previous relationship with the family before coaching duties began)
3. Close-in-Age – The Adult Participant has no Authority over the Minor Athlete and is not more than 4 years older than the Minor Athlete.
4. Personal Care Assistant – The Adult Participant is a Personal Care Assistant and has met all the requirements.

Annual Consent to Travel with USA Gymnastics

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that said Minor Athlete can travel with USA Gymnastics to and from all In-Program activities during a period of one year from the date of this consent. I understand that my Minor Athlete or I can withdraw consent at any time.

Initial _____ Date _____

ONE-ON-ONE TRAVEL BETWEEN ADULT PARTICIPANT WITH A POSITION OF AUTHORITY AND MINOR ATHLETE

Annual Consent for One-on-One Travel Between Adult Participant and Minor Athlete

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that _____, an Adult Participant, can travel one-on-one with said Minor Athlete to and from all activities related to USA Gymnastics In-Program travel. This consent is valid for a period of (1) one year from the date of this written consent form. I understand that my Minor Athlete or I can withdraw consent at any time and USA Gymnastics will provide me with a detailed itinerary before each event.

I understand that I am responsible for taking the U.S. Center for SafeSport’s course on “Parent’s [Guide to Misconduct in Sport](#)” and my minor child is responsible for taking the most age appropriate course from the Center. I agree to forward certificates of completion to USA Gymnastics at safesportpolicy@usagym.org prior to the date of the first travel event.

I agree to travel to the following events for my Minor Athlete	Dates	Location	Yes / No
Camp			
Event			
Event			

I, _____ as parent/guardian of _____ who is under the age of 18, have read and acknowledge the above written permission which is valid for the dates and events identified above.

Parent/Legal Guardian Printed Name

Date

Parent/Legal Guardian Signature



USA Gymnastics NATIONAL TEAM CONSENT FORM

MINOR ATHLETE DUAL RELATIONSHIP

Who: Parent of minor athlete approving of dual relationship

How often: Annual

Dual Relationship Definition: Exception applicable to certain policies when an Adult Participant has a dual role or relationship with a Minor Athlete and the Minor Athlete’s parent/guardian has provided written consent at least annually authorizing the exception. For more information please see the [2021 USA Gymnastics Safe Sport Policy](#).

The undersigned is the parent/guardian of the Minor Athlete identified below who is a member or participant of _____ (Member Club or USAG). This consent is provided pursuant to USA Gymnastics Safe Sport Policy, and I acknowledge that it contains policies that are intended to prevent abuse and risk of harm. I acknowledge that I have been advised that prior to granting consent, I should complete the training entitled “Parent’s Guide to Misconduct in Sport” available at [athletesafety.org](#).

As the parent/guardian of the Minor Athlete identified below, I am advising _____ (Name of Member Club or USA Gymnastics) that _____, a Minor Athlete, has a Dual Relationship with the following Adult Participant: _____.

The nature of the Dual Relationship is as follows:

By my initials below, I am consenting to the Dual Relationship Exception for each area of Safe Sport Policy, for one (1) year from the date of this Annual Consent Form. If an area does not have my initial, I do not consent to the exception detailed in that area. I am aware that I can withdraw this consent in writing at any time.

- _____ Transportation
- _____ Lodging
- _____ Electronic Communication
- _____ Locker Room/Changing Areas

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above-named Adult Participant, can travel one-on-one with said Minor Athlete to and from all In-Program activities related to for one (1) year from the date of this consent.

Parent/Legal Guardian Printed Name

Date



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PERSONAL CARE ASSISTANT

Who: Parents of minor athletes approving of a personal care assistant

How often: Annual

I, as the parent/guardian of _____, a Minor Athlete under the age of 18, have appointed _____, as a Personal Care Assistant (PCA). I understand that the identified Adult Participant Personal Care Assistant must meet the following requirements to act as a PCA for said Minor Athlete during In-Program activities:

1. Comply with the Education and training Policy of USA Gymnastics
2. Comply with the Background Check Policy of USA Gymnastics

I have read and understand USA Gymnastics Safe Sport Policy and am granting permission for the PCA listed above to have the following exceptions when working with my Minor Athlete.

By my initials below I am agreeing to the Personal Care Assistant Exception for each area of the USA Gymnastics Safe Sport Policy, for the time period noted. If an area does not have my initial, I do not consent to the exception detailed in that area. I am aware that I or my child can withdraw this consent at any time, and that withdrawal must be done in writing.

Policy	Please indicate permission for annual or each instance	Additional Requirement	Yes/No
One-on-one interactions			
Transportation		Travel forms for 1:1 travel required	
Lodging (Not a shared room)			
Lodging (shared room)	Annual permission not allowed	Consent required for each instance. Please contact USAG Safe Sport for further information	
Electronic Communication			
Bathrooms and Locker Rooms			

I, _____, as parent/guardian of _____, who is under the age of 18, have read and acknowledge that the above written permission is valid for one year from the date indicated with my signature. If I am signing and submitting this consent electronically, I acknowledge that my electronic signature shall have the same validity, force, and effect as if I signed this consent by hand.

 Parent/Legal Guardian Printed Name

 Date

 Parent/Legal Guardian Signature

* For additional information on requirements of a Personal Care Assistant or consent for each instance, please contact USA Gymnastics Safe Sport at safesportpolicy@usagym.org.