



ATHLETIC CLUB QUESTIONNAIRE

Name of organization: _____

Website address (URL): www. _____

1. Total number of members in each age category: _____ 1-12 _____ 13-17 _____ 18+

2. Does your organization:

- a. Provide day care or latch key? **If yes**, complete Child Care Questionnaire YES NO
- b. Own, lease or use camp facilities? **If yes**, complete Camp Questionnaire YES NO
- c. Provide any apartments or residential facilities? YES NO
If yes, complete Group Residential Facility Questionnaire

3. Does your organization provide accident insurance for members? YES NO

If yes,

- a. Insurance company name: _____ Policy number: _____
 Policy period: _____ Limits: _____
- b. Accident insurance applies: to all members is optional, at member's expense

4. Indicate all of the following activities that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Aerobics (include aerobic boxing) | <input type="checkbox"/> Equestrian activities | <input type="checkbox"/> Off Premises Water Activities |
| <input type="checkbox"/> Baseball/Softball/Basketball/Soccer | <input type="checkbox"/> Football | <input type="checkbox"/> Roller-blading/Skating/
Skateboarding/Biking |
| <input type="checkbox"/> Body Wraps | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Scuba Classes or Training |
| <input type="checkbox"/> Boxing/Martial Arts (contact) | <input type="checkbox"/> Handball/Squash/Racquetball | <input type="checkbox"/> Tanning Booth |
| <input type="checkbox"/> Boxing/Martial Arts - Non-contact | <input type="checkbox"/> Ice Skating/Skiing | <input type="checkbox"/> Weight Machines/Weights |
| <input type="checkbox"/> Climbing Wall/Ropes Course | <input type="checkbox"/> Ice, Street or Field Hockey | <input type="checkbox"/> Weight Loss/Fitness |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Lacrosse/Rugby | |
| <input type="checkbox"/> Pool/Hot Tub/Sauna (complete Pool/Hot Tub/Sauna questionnaire) | | |

5. Indicate any of the following types of events that you sponsor or participate in.

Complete a Special Event Addendum for each event indicated.

- | | |
|---|---|
| <input type="checkbox"/> Estimated attendance greater than 300 people | <input type="checkbox"/> Haunted House |
| <input type="checkbox"/> Aircraft or watercraft (motorized or not) | <input type="checkbox"/> Home Tours |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Mechanical or non-mechanical entertainment devices (e.g., inflatable bouncers or slides) |
| <input type="checkbox"/> Athletic participation (e.g., rope courses, climbing walls, marathons, etc.) | <input type="checkbox"/> Parade-participation or sponsorship |
| <input type="checkbox"/> Fireworks Sales or Fireworks Show | <input type="checkbox"/> Use of motorized vehicles of any type |
| <input type="checkbox"/> None of the following apply | |

6. Is coverage desired for Professional Liability? YES NO
 If yes, complete Professional Liability Questionnaire

7. Does your organization own or lease vehicles? YES NO

8. Is **non-owned auto liability** coverage desired? YES NO
If yes,

- a. Total number of: _____ **employees** _____ **volunteers**
- b. Complete the following chart, indicating number of employees and volunteers that use their personal vehicles on behalf of your organization.

Type of Usage	Number of Employees with Daily or Weekly Usage	Number of Volunteers with Daily or Weekly Usage	Annual MVR Required?	Proof of Personal Auto Insurance Required on a Renewal Basis?	100/300 or 300 CSL Personal Auto Limits Required?
Errands			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Transport members or others			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

ABUSE COVERAGE:

9. **As respects abuse,**

- a. Have any claims been filed or allegations been made, against your organization or anyone working on behalf of your organization alleging abuse? YES NO
- b. Are you aware of any occurrences that could lead to a claim? YES NO

If yes to above, explain: _____

- 10. Does your facility have written policies that policy require known or suspected abuse incidents be reported to proper authorities? YES NO

11. Provide the following information:

	Employees	Volunteers
a. Is unsupervised contact allowed with clients?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Education verified?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Personal references checked?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Written application required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. State 10-digit fingerprint criminal record check	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Federal 10-digit fingerprint criminal record check if in state less than 5 years	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Federal 10-digit fingerprint criminal record check regardless of time in state	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. Are all controls indicated in e-h required prior to any client contact?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
i. How long are records kept documenting all screening activities outlined above?	_____ years	_____ years

Federal checks require a second set of 10-digit fingerprint cards

Completed by: _____ Date completed: _____