

# Safe Stars Application for Recognition

Thank you for your interest in Safe Stars. Please complete the application below. You must meet the minimum Bronze Star standard to qualify for a Safe Star.

You may always save and return to your application at a later date. If you do so please write down the application code given. If you do not meet the minimum Bronze Star standard you may always apply again at a later date.

## League Demographics

Name of Sports League seeking recognition: \_\_\_\_\_

Name of principal contact for league: \_\_\_\_\_

Position of principal contact for league: \_\_\_\_\_

Address of main office: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number \_\_\_\_\_

(Please include the area code)

E-mail Address \_\_\_\_\_

Address(es) of practice and game locations: (please list all if applicable)

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Best form of contact with follow-up questions?

- Phone
- Text
- E-mail

## Sports Information

Sports offered by league/organization:  
(Check all that apply)

- Basketball
- Baseball/T-Ball
- Cheerleading
- Crew
- Fencing
- Figure Skating
- Flag Football
- Football
- Ice Hockey
- Inline Hockey
- Kickball
- Lacrosse
- Pickleball
- Rugby
- Soccer
- Softball
- Swimming/Diving
- Table Tennis
- Tennis
- Track & Field/Cross Country
- Volleyball
- Ultimate Frisbee
- Other

Please indicate the age range associated with each sport that is offered by the league/organization:

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**Qualification- Bronze**

## Emergency Action Plan (EAP) Requirements

Does your sports league/organization have an Emergency Action Plan (EAP)?  Yes  
 No

Does the plan vary by sport or location?  Yes  
 No

Please explain how the plan differs:

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Please upload your Emergency Action Plan(s):

Do you practice your Emergency Action Plan(s)?  Yes  
 No

How often do you practice your EAP and who participates

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Does your Emergency Action Plan(s) contain team emergency contacts?  Yes  
 No

Are team emergency contacts disseminated to parents and players before the start of the first practice or game?  Yes  
 No

## Anaphylaxis and Allergy Emergency Action

Do you require athletes with a known history of allergies who have a prescription for epinephrine auto injector to have an Anaphylaxis and allergy emergency plan?  Yes  
 No

Please upload your Anaphylaxis and Allergy Emergency Action Plan.

## Background Checks Requirements

Does the sports league/organization require all coaches to complete a background check?  Yes  
 No

Please provide details as to the process of background checks:

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Please include the company that completes them, if applicable:

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## CPR/AED Requirements

Are a minimum of 2 coaches required to be certified in CPR/AED?  Yes  
 No

Is at least one certified coach required to always be present at all practices and games?  Yes  
 No

Please upload CPR/AED certifications:

Is there an AED present at every practice?

- Yes  
 No

Is there an AED present at every game?

- Yes  
 No

If you do not have access to an AED, would you like an application to receive a state funded AED?  
(To be considered for a state funded AED, your league must meet the criteria for the Gold Star)

- Yes  
 No

Please upload verification of the AED. A registration document, receipt, picture, etc.

#### Sudden Cardiac Arrest and Concussion Recognition Requirements

Are coaches required to be trained in Sudden Cardiac Arrest recognition?

- Yes  
 No

Please provide the name and describe the nature of the training (in person, online, required to take a class, etc) and the topics covered regarding sudden cardiac arrest recognition.

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If applicable, please upload a certificate earned for Sudden Cardiac Arrest training

Are coaches required to be trained in concussion recognition and response?

- Yes  
 No

Please provide the name and describe the nature of the training (in person, online, required to take a class, etc) and the topics covered regarding concussion recognition.

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If applicable, please upload a slide deck used or certificate earned for Concussion Training.

#### Weather Policy Requirements

Does the sports league/organization have a severe weather policy?

- Yes  
 No

Does it include a heat policy?

- Yes  
 No

Does it include a lightning policy?

- Yes  
 No

Please upload a copy of this policy

Please upload any extra documents here:

If potential concerns for athlete safety, health, or well-being arise are there formal systems in place for reporting, evaluating, and addressing these concerns? (Safe guarding from abuse, harm, or neglect.)

- Yes  
 No

Are parents/guardians made aware of this?

- Yes  
 No

In what capacity do they receive this information? \_\_\_\_\_

Please upload a copy of the information and the system in place.

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**Additional Qualifications- Silver/Gold**

Thank you for your application. At this time, your sports league does not meet the minimum Bronze qualifications for Safe Stars. Please submit this application so we can be sure to keep in contact. You may always apply again at a later date. Please refer to the Resource section on our website before reapplying. Thank you! Please contact safestars.health@tn.gov for any questions.

Is a pre-participation physical examination required?

- Yes  
 No

Are athletes' parents informed of the risks of sport participation as well as safety precautions and safety standards of the league/organization?

- Yes  
 No

In what capacity do parents receive this safety information?

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Please upload a copy of the information the parents receive.

Are coaches required to receive training in health, safety, and injury prevention?

- Yes  
 No

In what topics do they receive training?

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Please describe the nature of this training (in person, online, etc.)

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Please upload a slide deck of this training

Does your league/organization facilitate nutritional counseling materials or education?

- Yes  
 No

Please upload any educational materials used for nutrition education:

Is athletic equipment checked to ensure it meets proper conditioning, safety and effectiveness standards?

- Yes  
 No

How often is the athletic equipment checked?

- Before each game/practice  
 Once a week  
 Once a month  
 Once a season

Does a medical professional attend all practices?

- Yes  
 No

Please specify which medical professional attends all practices:

- Physician  
 Athletic Trainer  
 Physician's Assistant  
 Nurse Practitioner  
 Nurse  
 EMS/Ambulance  
 Other  
 (Check all that apply)

Does a medical professional attend all games?

- Yes  
 No

Please specify which medical professional attends all games:

- Physician
  - Athletic Trainer
  - Physician's Assistant
  - Nurse Practitioner
  - Nurse
  - EMS/Ambulance
  - Other
- (Check all that apply)

Are ALL coaches CPR/AED certified?

- Yes
- No

Does your league/organization (or the group that provides you field/gym access) have a policy regarding the use of tobacco products on site?

- Yes
- No

Please upload a copy of your Tobacco Policy:

Does your league/organization promote positive culture & standard of expectation regarding behavior? (i.e. anti-bullying stance, anti-violence programs, good sportsmanship programs)

- Yes
- No

Please list/describe your positive culture stance/program:

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Please upload any certifications or pledges your league/organization has for promoting positive culture.

To whom does this apply?

- Parents
  - Coaches
  - Staff
  - Players
  - Referees
- (Select all that apply.)

Does your policy address good sportsmanship?

- Yes
- No

Does your policy address social inclusion for those from different backgrounds, ethnicities, sexual orientation, skill levels, and physical capacities?

- Yes
- No

Does your policy have anti-hazing and bullying stances?

- Yes
- No

Does your policy have initiatives to end violence against women and girls?

- Yes
- No

Qualify for Gold?

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Please upload any extra documents here:

CONGRATULATIONS! It appears you have qualified for a GOLD STAR. Please submit this application so we can review it and get back to you within 2 weeks. Thank you! Please contact [safestars.health@tn.gov](mailto:safestars.health@tn.gov) for any questions.

Qualify for Silver?

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CONGRATULATIONS! It appears you have qualified for a SILVER STAR. Please submit this application so we can review it and get back to you within 2 weeks. Thank you! Please contact [safestars.health@tn.gov](mailto:safestars.health@tn.gov) for any questions.

CONGRATULATIONS! It appears you have qualified for a BRONZE STAR. Please submit this application so we can review it and get back to you within 2 weeks. Thank you! Please contact [safestars.health@tn.gov](mailto:safestars.health@tn.gov) for any questions.