

USA Roller Sports 4730 South Street Lincoln, NE 68506 402.483.7551 phone 402.483.1465 fax

## 2025-2026 SPECIAL PRE EVENT SANCTION APPLICATION (Show, Exhibition, or Seminar)

Exact dates of event:		
Sponsoring club name, if any:	Club ld:	
Address:		
City, State, Zip:		
Email address to receive Sanction info:		
Where will event(s) be skated (Facility, City, State)?	?	
Name of event:		
List participating skaters, i.e. "Norman Latin and Mar form as needed.	argaret Wallace" or "all members of the "Skating Club". Use ba	ıck of
Explain what event will include:		
Type of Event: Seminar Show o	or Exhibition	
	and/or the SNELL bicycle Standard helmets are required to be worn by all speed skate to be left intact and are not to be tampered with in order that they may be readily identi s.	
National Office. The applicant also acknowledges that failure to submit	ion Event Report Form within 5 business days of the event's completion to USA Roll mit a Post Sanction Event Report Form will result in the following possibilities of penalt estrictions and Third Offense — Future Sanctions not granted until the applicant is able t	ies: First
conduct of this exhibition or show, or the negligence of USA Roller Spor	Roller Sports harmless from any and all claims, liability or damages arising as a result of ports, the applicant, or their officers, directors, agents, employees, or assigns. The und for that person's appearance other than as outlined in the USA Roller Sports General FRoller Sports General FRoller Sports General FROLLER Sports General Rules.	lersigned
Applicant Signature	Date	
Safe Sport Athlete Abuse Prevention Po	olicy- <a href="https://maapp.uscenterforsafesport.org/">https://maapp.uscenterforsafesport.org/</a>	
body) will implement and abide by the policie emotional, physical, and child abuse, of amate	g a sanction from USA Roller Sports (national governing cies and procedures to prevent the abuse, including teur athletes participating in amateur athletic activities. The club and/or organization must comply with the	
<b>EMAIL</b> completed form and credit card information to: bbenson@usarollersports.org	Card Number:CCV#:	
FAX completed form and credit card information to: 402.483.1465	Expiration Date: Billing Zip Code:	

Signature: \_

Total Amount To Charge: \_

MAIL completed form and check or credit card information to:

USA Roller Sports, 4730 South Street, Lincoln, NE 68506

## **Additional Requirements**

- Appropriate provision has been made for validation of any records established during the competition;
- Due regard has been given to international amateur athletic requirements specifically applicable to the competition;
- The competition will be conducted by qualified officials;
- Proper medical supervision will be provided for athletes who will participate in the competition;
- Proper safety precautions have been taken to protect the personal welfare of the athletes and spectators at the competition;
- The amateur sports organization or person requesting sanction from a national governing body will implement and abide by the policies and procedures to prevent the abuse, including emotional, physical, and child abuse, of amateur athletes participating in amateur athletic activities applicable to such national governing body, this includes requirements per the US Center for SafeSport.