

# Sport Safety Training (r.04) Program Instructor and Instructor Trainer Orientation Verification Form

Instructor/Instructor Trainer  
Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Instructor ID Number (optional): \_\_\_\_\_

I am currently an American Red Cross: (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Sport Safety Training Instructor                  |   |
| <input type="checkbox"/> Workplace Training: Standard First Aid Instructor |   |
| <input type="checkbox"/> CPR/AED for the Professional Rescuer Instructor   | <input type="checkbox"/> Instructor Trainer |
| <input type="checkbox"/> First Aid/CPR/AED Instructor                      | <input type="checkbox"/> Instructor Trainer |
| <input type="checkbox"/> Responding to Emergencies Instructor              | <input type="checkbox"/> Instructor Trainer |
| <input type="checkbox"/> Emergency Response Instructor                     | <input type="checkbox"/> Instructor Trainer |
| <input type="checkbox"/> Lifeguarding (r.03) Instructor                    | <input type="checkbox"/> Instructor Trainer |

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Workplace Training: Standard First Aid Instructor - Verification of valid American Red Cross Child certificate (or equivalent):

\_\_\_\_\_  
Title of Certificate                      Date Certificate Issued

CPR/AED for the Professional Rescuer Instructor/Instructor Trainer - Verification of valid American Red Cross First Aid certificate (or equivalent):

\_\_\_\_\_  
Title of Certificate                      Date Certificate Issued

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## Part I: Verification of Orientation to Sport Safety Training (r.04) Program

- I attended a group orientation session.

Date of session \_\_\_\_\_ Location \_\_\_\_\_

\_\_\_\_\_  
Signature of IT or H&S Administrator

\_\_\_\_\_  
Printed Name of IT or H&S Administrator

**-OR-**

- I completed a self-orientation to the Sport Safety Training (r.04) Program.

## Part II: Verification of Orientation to Program Products and Materials

I verify that I have obtained and reviewed the following new American Red Cross Sport Safety Training (r.04) Program products and materials, to include:

- Sport Safety Training Handbook* (StayWell Stock No. 655542)
- Sport Safety Training Instructor's Manual* (StayWell Stock No. 655544)
- Guide for Training Sport Safety Training Program Instructors* (instructor trainers only)
- Section I of the Sport Safety Training (r.04) *Program Release Connection*
- Sport Safety Training (r.04) Frequently Asked Questions (FAQ's)

I have seen the following segments from the *Sport Safety Training Video DVD* (StayWell Stock No. 655546) or *VHS* (StayWell Stock No. 655545):

- Introduction
- Using an AED – Child
- Sports Injuries and Causes
- Coaching Responsibilities
- Injury Prevention
- After an Injury Occurs

\_\_\_\_\_  
Instructor/Instructor Trainer's Signature or ID Number

\_\_\_\_\_  
Date

**Please Note:** *Instructors and instructor trainers who have a pre-approved ID number assigned by their chapter of authorization may submit this orientation verification form electronically.*