

SOLO SAFETY INSPECTION

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School Name: _____

School Name: _____

Division: _____ Category: _____

Division: _____ Category: _____

Penalty *Point Deduction*

Penalty *Point Deduction*

Jewelry (.5 pt deduction) _____

Jewelry (.5 pt deduction) _____

____ Ears ____ brows/face ____ tongue ____ bracelet
____ necklace ____ belly button ____ ankle
____ glued on jewels or loose glitter ____ other

____ Ears ____ brows/face ____ tongue ____ bracelet
____ necklace ____ belly button ____ ankle ____
____ glued on jewels or loose glitter ____ other

Altered Braces (.5 pts) arm knee ankle _____

Altered Braces (.5 pts) arm knee ankle _____

Nails (.5 pts) _____

Nails (.5 pts) _____

Gum/Food (.5) _____

Gum/Food (.5) _____

Devices (.5 pts) _____

Devices (.5 pts) _____

Total Penalty Points _____

Total Penalty Points _____

Signature: _____

Signature: _____

Gloves Are Are Not Non-Slip
Poms Have Do Not Have Rubberbands

Gloves Are Are Not Non-Slip
Poms Have Do Not Have Rubberbands

MSHSAA Medical form provided for:
insulin pump daith piercing

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insulin pump daith piercing