



ASHA recommends that ALL Athletes age 18 or older make an attempt to comply with the Safe Sport Act of 2017 regulations. We believe that the abuse prevention training is in the best interest and safety of all athletes. We understand that the abuse prevention training may be difficult or considered inappropriate for **some** athletes. The "Request for Accommodation" is NOT advised for all athletes, and request that parents/guardians submit a request ONLY under appropriate circumstances

Please **DO NOT** submit a Request for Accommodation for Abuse Prevention Training without careful consideration.

Additional Resources: https://uscenterforsafesport.org/wp-content/uploads/2020/05/Parent-Toolkit_Complete-1.pdf

2024/2025 Season Request for Accommodation for Safe Sport Act Compliance

This request for accommodation form must be Printed, Filled Out and Signed By Hand by a parent/guardian and submitted in hard copy to your team manager who will review, approve, sign & submit to ASHA.

I, Parent Written Name, am the parent or legal guardian of Athlete Written Name,
Parent/Guardian Name Athlete's Name

a member of ASHA and with a birthdate of 01/01/2006, I understand that, to comply with federal law and the
Athlete's Date of Birth

requirements of the U.S. Center for SafeSport, all players seventeen (17) years of age or older on or before December 31 of the playing season (2023/2024), and that play on a team in a classification that allows minor age players, must complete sex abuse prevention training before being added to the roster of Written Team Name and prior to participation.
ASHA Member Team

SECTION ONE: Request for Accommodation for Criminal Background Check

I certify that Athlete Written Name has no pending arrest or criminal accusation or conviction. As such, I submit
Athlete's Name
this request for the player identified above to receive a waiver from the required Background Screening as a condition of participation in hockey programs that may also have minor age players.

SECTION TWO: Request for Accommodation of Abuse Prevention Training (CHOOSE ONLY ONE)

CHOOSE ONLY ONE OPTION

Form WILL BE RETURNED if explanation is too vague or incomplete

OPTION 1: Parent/Guardian will complete as a registered volunteer and share provided training information

I certify that I, Parent Written Name, have registered as an 2024/2025 ASHA Volunteer and
Parent/Guardian Name
have completed the background screening & abuse prevention training with Athlete Written Name
(athlete) present, and confirm that he/she participated in the provided training with my assistance. Athlete's Name

In a sentence, please provide a general description of disability AND reason why athlete cannot independently participate in abuse prevention training:
Athlete's (Name) diagnosis (State Diagnosis) impacts their ability to successfully participate in the training as it is presented without support

OPTION 2: Request an Accommodation due to disability As the parent/legal guardian of the player, I certify that
Athlete Written Name has one or more cognitive/intellectual disabilities and is unable understand the
Athlete's Name

SafeSport/Abuse Prevention Training in its current presentation and it is not appropriate for him/her to participate in. I commit to sharing appropriate information regarding safe behaviors and expectations.

In a sentence, provide a general description of disability AND reason why athlete cannot participate:
Athlete's (Name) diagnosis (State Diagnosis) impacts their ability to successfully participate in the training as it is presented

As such, I submit this request for the player identified above to receive an accommodation from the requirement that he/she complete a Background Screening and Abuse Prevention Training as a condition of participation in ASHA sanctioned hockey programs that may also have minor age players.

We agree to comply with all Locker Room Policies, Code of Conduct and Guidelines set forth by Written Team Name
ASHA Home Team

Parent/Legal Guardian Signature By Hand: Hand Signed By Parent or Guardian Date: Written Date

Parent/Legal Guardian Printed: Parent/Guardian Printed Name

For Team & ASHA Administrative Use Only

This Request for Accommodation must be reviewed & accepted by the Head Coach/Team Manager to be rostered for the 2024/2025 season.

Accepted by Hand Signed By Head Coach or Team Manager Date: 07 01 2024
ASHA Member Team Manager or Head Coach Signature Required

PLEASE SUBMIT TO YOUR TEAM MANAGER – Do Not Send Directly to ASHA