

**Sun Prairie Youth Hockey Association, Inc.**  
**Sexual and Physical Abuse Policy**

As per our affiliate agreement with USA Hockey, it is necessary that we establish and adopt a sexual and physical abuse policy.

The following USA Hockey Screening and Abuse policy will be used.

**USA Hockey Screening Policy**

It is the policy of the USA Hockey that it will not authorize or sanction in its programs that it directly controls any volunteer or employee who has routine access to children (anyone under the age of majority) who refuses to consent to be screened by USA Hockey before he/she is allowed to have routine access to children in USA Hockey programs. Further, it is the policy of USA Hockey that it will require the affiliates to adopt this policy as a condition of its affiliation with USA Hockey.

A person may be disqualified and prohibited from serving as an employee or volunteer of USA Hockey if the person has:

1. Been convicted (including crimes the record of which has been expunged and pleas of "no contest") of a crime of child abuse, sexual abuse of a minor, physical abuse, causing a child's death, neglect of a child, murder, manslaughter, felony assault, any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution related crimes or controlled substance crimes;
2. Been adjudged liable for civil penalties or damages involving sexual or physical abuse of children;
3. Been subject to any court order involving any sexual abuse or physical abuse of a minor, including but not limited to domestic order for protection;
4. Had their parental rights terminated for reasons that indicate they may be a danger to children in USA Hockey.
5. A history with another organization (volunteer, employment, etc.) of complaints of sexual or physical abuse of minors;
6. Resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to complaint(s) of sexual or physical abuse of minors; or
7. Has a history of other behavior that indicated they may be a danger to children in USA Hockey.

As a volunteer, coach or employee of the SPYHA, I \_\_\_\_\_ agree to be screened in accordance with the USA Hockey Screening Policy.

Drivers License # \_\_\_\_\_

Social Security # \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_