



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](https://uscenterforsafesport.org/wp-content/uploads/2020/05/Parent-Toolkit_Complete-1.pdf)

## 2023/2024 Season Request for Accommodation for Safe Sport Act Compliance

**This request for accommodation form must be PRINTED and SIGNED BY HAND by a parent/guardian**

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

a member of ASHA and with a birthdate of \_\_\_\_\_, 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 \_\_\_\_\_ and prior to participation.  
ASHA Member Team

### SECTION ONE: Request for Accommodation for Criminal Background Check

I certify that \_\_\_\_\_ 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)

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

I certify that I, \_\_\_\_\_, have registered as an **2023/2024 ASHA Volunteer** and  
Parent/Guardian Name  
have completed the background screening & abuse prevention training with \_\_\_\_\_  
(athlete) present, and confirm that he/she participated in the provided training with my assistance. Athlete's Name

Form may be returned if explanation is too vague or incomplete

**In a sentence, please provide a general description of disability AND reason why athlete cannot independently participate in abuse prevention training:**

#### OPTION 2: Request an Accommodation due to disability

As the parent/legal guardian of the player, I certify that \_\_\_\_\_  
Athlete's Name  
has one or more cognitive/intellectual disabilities and is unable understand the 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:**

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 \_\_\_\_\_  
ASHA Home Team

Parent/Legal Guardian Signature By Hand: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Printed: \_\_\_\_\_

#### 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 2023/2024 season.**

Accepted by \_\_\_\_\_ Date: \_\_\_\_\_  
ASHA Member Team Manager or Head Coach Signature Required

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