



WAHA
SAFESPORT COMPLIANCE CERTIFICATION

Local Association: _____

SafeSport Liaison or President:

Name _____

Address _____

Phone _____

Email _____

I certify that the following policies and information have been disseminated within the Association:

- SafeSport Policies
- SafeSport Handbook
- Locker Room Policy
- Travel Policy

I further certify that, to the best of my knowledge, all Coaches/ Managers / Officials / Board Members/ Locker Room Monitors and anyone having regular or frequent contact with minor players have been screened by WAHA's screening provider, have taken the SafeSport training and are actively in compliance.

Signature of President of Local Association or SafeSport Liaison

By November 15, this completed form must be sent to:

WAHA
P.O. Box 348
Solon Springs, WI 54873

Or transmitted electronically to: john.hack1967@gmail.com