SAMPLE

2026/2027 ASHA REQUEST FOR ACCOMODATION

PART ONE
ATHLETE INFORMATION

I, Jane Doe (Parent/Guardian Name), am the parent or legal guardian of John Doe (Athlete Name), a registered participant with ASHA, born on 1/1/2005 (Athlete Date of Birth). I acknowledge and understand that, in accordance with Federal law, The Minor Athlete Abuse Prevention Policies (MAAPP), and the U.S. Center for SafeSport Code, any player who is eighteen (18) years of age or older on or before December 31, 2026, and who participates on an ASHA affiliate member team that includes minor-aged players, must complete an approved sexual abuse prevention training and undergo a national background screening. I further understand that no participation in Home Team Name (ASHA Affiliate Team Name) activities may occur for the 2026/2027 season until either (1) both requirements are completed and documented, or (2) a formally approved request for accommodation is on file with ASHA

PART TWO
BACKGROUND CHECK

REQUEST FOR BACKGROUND SCREENING ACCOMODATION

I certify that John Doe (Athlete Name) has no pending criminal charges, open investigations, or prior convictions, and is not currently the subject of any legal, disciplinary, or child protection proceedings. To the best of my knowledge, there are no circumstances that would raise concern about this individual's suitability to participate in programs that may include minor-aged athletes.

Accordingly, I am submitting this formal request for accommodation from the standard background screening requirement for participation in ASHA-affiliated hockey programs, due to: John's (diagnosis) impacts his ability to comprehend the information as presented.

A complete sentence is required to clearly explain the reason this accommodation is being requested. Incomplete or vague responses will result in the form being returned without approval.

PART THREE
ABUSE PREVENTION TRAINING CHOOSE ONE OPTION

REQUEST FOR ABUSE PREVENTION TRAINING ACCOMODATION

OPTION 1 – Volunteer-Led Training Participation

I certify that I, Jane Doe (Parent/Guardian Volunteer Name), am a registered 2026–2027 ASHA volunteer and have completed the required background screening and abuse prevention training. I further certify that John Doe (Athlete Name) Participated in the training alongside me to the best of their ability. With my guidance and support, received explanations and reinforcement of the key safety concepts, including personal boundaries, respect, and how to ask for help.

OPTION 2 – Completed Safe Sport For Youth Course

I certify that John Doe (Athlete Name) has successfully completed the SafeSport for Youth course as part of the 2026–2027 ASHA season registration, and that the completion certificate has been submitted to the Team Manager.

OPTION 3 – Request for Accommodation Due to Disability

I certify that I am the parent/legal guardian of John Doe (Athlete Name), and that the individual has one or more cognitive or intellectual disabilities that prevent meaningful understanding of the SafeSport for Youth Course or Abuse Prevention Training in its current format. I request an accommodation from the standard training and background screening requirements, on the basis that 1) the athlete is not in a supervisory role, and 2) Participation in standard training would not be developmentally appropriate or effective. I commit to reinforcing safe behaviors, boundaries, and expectations appropriate to the athlete's understanding and needs

Please describe the athlete's disability and explain why they cannot participate in the abuse prevention training:

John's (diagnosis) impacts his ability to comprehend the information as presented.

A complete sentence is required to clearly explain the reason this accommodation is being requested. Incomplete or vague responses cannot be accepted.

PART FOUR
This Form MUST BE HAND SIGNED By Parent/Guardian AND Head Coach or Team Manager

Parent/Guardian Acknowledgment and Signature

As the parent or legal guardian, I accept responsibility to inform both ASHA and the team of any changes to the information provided, including any behavioral, legal, or supervision-related concerns. I understand this request is subject to ASHA review and approval and may be denied or revoked at ASHA's discretion. We agree to comply with all ASHA Locker Room Policies, supervision requirements, and related safety guidelines established by ASHA and its affiliated members. By signing below, I certify that the information provided in this form is complete and accurate to the best of my knowledge. I understand that this request for accommodation is subject to review and approval by the American Special Hockey Association (ASHA), and that it does not exempt the participant from adhering to all other safety policies, conduct requirements, and supervision expectations. I understand that any false statement, material omission, or failure to report changes may result in suspension or removal from ASHA participation and may carry additional consequences under ASHA's Code of Conduct.

Parent/Guardian Name (Printed): Jane Doe **Signature:** Jane Doe **Date:** 7/1/2026

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 2026/2027 season.

Accepted by A Smith **Role:** Head Coach **Date:** 7/1/2026

Team Name: Home Team Name