



Request for Accommodations or Exemption from SafeSport Training

Please note: this Request for Accommodations or Exemption from SafeSport Training is designed for players who will be 17 years of age or older on or before December 31 of the current playing season who will be participating in a classification that allows Minor Athlete players and who are not able to take the required SafeSport Training as provided by the US Center for SafeSport because of a disability or limited English proficiency. All Adult Personal Care Assistants who will be present in the locker rooms must take the required SafeSport Training as described in the USA Hockey Safe Sport Program Handbook. If not already required as a condition of that parent/guardian's participation in USA Hockey, USA Hockey strongly encourages the parent/guardian of the player for whom this request is submitted to complete the SafeSport Training, which is free to all USA Hockey volunteers/coaches/officials/administrators.

I, _____, am the parent or legal guardian of _____, a member of USA Hockey and with a birthdate of _____, and whose USA Hockey membership confirmation number is _____.

I understand that USA Hockey's SafeSport Program requires that, to comply with federal law and the requirements of the U.S. Center for SafeSport, all players seventeen (17) years of age or older on or before December 31 of that playing season, and that play on a team in a classification that allows minor age players, must complete SafeSport Training before being added to such team and prior to participation.

As the parent/legal guardian of the player identified above, I certify that my child has one or more cognitive disabilities and is either unable to complete or unable understand the SafeSport Training, or that it is not appropriate for him/her, as offered. As such, I submit this request to USA Hockey for the player identified above to receive an exemption from the requirement that he/she complete SafeSport Training as a condition of participation in hockey programs that may also have minor age players.

This form may be signed by hand and submitted in PDF form, or signed electronically and returned to USA Hockey at DHSafeSportWaiver@usahockey.org. If I signed this form electronically, I acknowledge that it shall have the same validity and effect as if I signed this consent by hand.

General Description of Disability: _____

Parent/Legal Guardian Signature: _____ Date: _____

Program Name: St. Albans Special Needs Hockey/St. Albans Leafs

Association ID (can be obtained from Program Manager): VTD4001