



**WAHA**  
**SAFESPORT COMPLIANCE CERTIFICATION**

**Local Association:** \_\_\_\_\_

**SafeSport Liaison or President:**

Name \_\_\_\_\_

Address \_\_\_\_\_

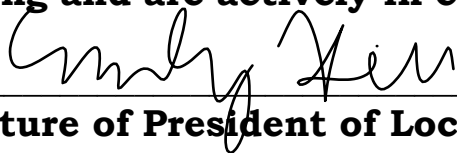
Phone \_\_\_\_\_

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](mailto:john.hack1967@gmail.com)**