



SafeSport Club Verification List

(Page of)

Organization:

Name of Certifying Organization Official and Position:

Email of Official

Date Submitted:

Original or Supplemental Submission:

<u>Name of Person Approved</u>	<u>Position</u>	<u>Child Abuse Certification</u>	<u>State Criminal History Certification</u>	<u>Federal Criminal History Cert/Affidavit</u>	<u>Date of Earliest Certificate</u>	<u>Comments</u>

Please send your completed form(s) to:
Pete Rothman, AAHA SafeSport Coordinator
Email: aaha.act15@gmail.com
Fax: 610-539-1622