



**PROTECTING YOUTH FROM SEXUAL ABUSE  
AND SAFE SPORT AUTHORIZATION ACT OF 2017  
SENATE BILL 534 COMPLIANCE CERTIFICATION FORM**

TEAM NAME \_\_\_\_\_ AGE LEVEL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

As responsible party for this named team, I certify that the following constitutes the full list of coaches and support personnel having close consistent contact with minor team members during the course of the 2020 season.

_____	_____
_____	_____
_____	_____
_____	_____

I further certify that each named individual has:

(1) Undergone the required 4 point background screening and that examination has not indicated any red flags outlined in the Southwest Ohio League SafeSport compliance statement

<https://aabc.quickapp.pro/apply/applicant/new/11073>

(2) Has a certificate of completion for the required Abuse Awareness Course

<http://www.sportdev.org/ItemDetail?iProductCode=OCAA&Category=ONLINE&WebsiteKey=f50aacb2-a59e-4e43-8f67-29f48a308a9e>

(3) Undertaken the required Sudden Cardiac Arrest, Lindsay's Law program available at:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/lindsays-law/resources/lindsays-law-required-signature-form>

(4) Received a certificate of completion for the Head Up Concussion Training program available at:

<https://headsup.cdc.gov>

\_\_\_\_\_  
Responsible Party Signature

DATE \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME