ASSOCIATION SCREENING CERTIFICATION FORM

Name of Association _____

Association Address: _____

_____

I, as President of the above Association, hereby certify that the below-listed names, with the enclosed Screening Forms of the Association's Coaching Staff, is a complete listing of the Association's Coaching Staff as defined by the New York State Amateur Hockey Association, and that the enclosed Screening Forms have been completed and signed by each such member of the Coaching Staff. The Association agrees to forward to the NYSAHA Screening Committee any new members to the Association's Coaching Staff within two weeks of such person joining the Coaching Staff:

Dated: _____ **By:** _____
President of the Above Association

Name of Coaching Staff Member	Name of Coaching Staff Member	Name of Coaching Staff Member

Add Additional Pages of Names As Necessary
Attach Original Signed Individual Screening Forms For Each Member of Coaching Staff