



NEW HAMPSHIRE AMATEUR HOCKEY ASSOCIATION  
PARTICIPANT  
SAFESPORT CODE OF CONDUCT

NAME: \_\_\_\_\_

To be read and signed by you as a member of

TEAM: \_\_\_\_\_

Participating in USA Hockey for the SEASON: \_\_\_\_\_

1. I will comply with USAH SafeSport policies.
2. I will comply with the No Use of Cell Phones in Locker Room policy.
3. I will complete all SafeSport training requirements by USA Hockey.
4. I will complete screening and background check program as required.
5. I will report any concerns as outlined in the NHAHA and USAH SafeSport policies.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Note effective 2014-2015 cell phones will not be permitted in any locker room.**