

**LAKE SHORE ATHLETIC ASSOCIATION  
VOLUNTEER PROGRAM  
SEXUAL HARASSMENT AND CHILD ABUSE TRAINING**

I certify that:

- I have viewed the Sexual Harassment and Child Abuse video in its entirety and I understand the information contained in it.
- I have read the Crisis Management Plan in its entirety and I understand the information contained in it.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email address and phone number

\_\_\_\_\_  
Date

**LSAA BOARD USE ONLY**

Scanned and added to database by: \_\_\_\_\_

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