



ACE CERTIFICATION AND BACKGROUND CHECK FORM

NOTE: This form must be completed, brought to the NH ASA JO State Draw or the State Tournament Check-In location.

ACE Certification and Bollinger Insurance

The following Information pertains to ASA Code Article 104 (B): The ASA Board of Directors passed the following directives for ASA Junior Olympic (Youth) Championship Play (Code Article 301 C (03)) for the 2016 season effective January 1, 2015:

**** Each 2016 Junior Olympic (Youth) Championship play (Code Article 301 C (03)) team must have one coach within the field of play/dugout to be ACE Certified, which includes a background check (current year).**

**** Each 2016 Junior Olympic (Youth) Championship play (Code Article 301 C (03)) team must have all coaches/adult personnel within the field of play/dugout must visually display proof of an ASA background check (current year).**

**** Teams playing in Junior Olympic (Youth) Championship Play (Code Article 106 C (1)) in 2016 are required to purchase ASA Accident and Liability Insurance on an individual player basis through Bollinger Insurance Company.**

Instructions

This form must be filled out by the ASA Commissioner (or his/her designee) before the team listed below is allowed to compete in any of the following Championship play tournaments; district, metro, state, regional, national/sector qualifier, ASA national championship finals and USA/ASA National Championship Finals.

Team Name: _____ Division/Class: _____ Association: NH ASA

I have verified that this Team has Bollinger Insurance for the 2016 Tournament season.

The coaches listed below have completed their 2016 ACE Coaching Certification & Background Check:

Coach Name: _____	Level: _____	Date: _____	BG	Yes	No
Coach Name: _____	Level: _____	Date: _____	BG	Yes	No
Coach Name: _____	Level: _____	Date: _____	BG	Yes	No
Coach Name: _____	Level: _____	Date: _____	BG	Yes	No
Coach Name: _____	Level: _____	Date: _____	BG	Yes	No

The personnel listed below have completed their 2016 ASA background check:

Name: _____	Background Check Date: _____
Name: _____	Background Check Date: _____
Name: _____	Background Check Date: _____
Name: _____	Background Check Date: _____
Name: _____	Background Check Date: _____

I have reviewed all the information on this form and it is correct to the best of my knowledge.

Commissioner Name: Alisa Durocher Association: New Hampshire ASA

Commissioner Signature: _____ Commissioner Mobile Phone: 603-721-9032