



# 2023-24 PLAYER AND BENCH PERSONNEL COMPLIANCE FORM

By signing this sheet, I am acknowledging I have attended a meeting with my teams Prevention Services Appointee to review highlighted information contained in the Online OHA Player Information Program (PIP).

<b>TEAM NAME:</b>		
<b>PREVENTION SERVICES APPOINTEE:</b>		
<b>PLAYERS NAME(S)</b>	<b>BIRTH DATE</b>	<b>SIGNATURE</b>

<b><u>BENCH STAFF</u></b>		