

## SEXUAL HARASSMENT TRAINING ACKNOWLEDGEMENT FORM

I acknowledge that I received training regarding sexual harassment and have reviewed Orchard Park Soccer Club's (OPSC) sexual harassment policy. I agree to abide by OPSC's sexual harassment policy and the principles that were explained in the training.

I understand that OPSC adheres to the New York State's policies of sexual harassment which can also be viewed at [www.ny.gov/programs/combating-sexual-harassment-workplace](http://www.ny.gov/programs/combating-sexual-harassment-workplace).

I understand that is I have any questions that were not addresses in training or if I encounter any problems I can contact a board member of OPSC at [secretary@orchardparksoccer.org](mailto:secretary@orchardparksoccer.org) or PO Box 822, Orchard Park, NY 14127.

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Signature

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Date

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Printed Name

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Witness signature

PLEASE SIGN AND RETURN BY MAIL TO OPSC, PO BOX 822, Orchard Park, NY 14127.