



COACHES AGREEMENT

As a Coach it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to concussions and head injuries.

Coach Agreement:

I have read the Coach's Concussion Fact Sheet and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that I will remove an athlete from practice or play if the athlete sustains a concussion or if a concussion is suspected.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate health care provider.

I understand the possible consequences of the athlete returning to practice/play too soon.

Coach

Association Name: _____

Signature: _____ Date: _____

Print Name: _____