



ASSOCIATION COMPLIANCE

It is the responsibility of every youth athletic organization to distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

By signing this form you are stating that you understand the importance of recognizing and responding to concussions and head injuries and that everyone participating in your Association, including all coaches, players and parents, have received, read and signed all documents as required by Wisconsin statutes and WAHA rules.

Association President:

I confirm that everyone in our Association, including all coaches, parents and players, have been given materials on concussions and head injuries in youth athletic activities. Also, everyone required to sign a statement that they have read a Parent/Athlete Concussion Fact Sheet or a Coach's Concussion Fact Sheet, has done so in accordance with WAHA rules and the Wisconsin Statute.

I understand the possible consequences of not complying with the WAHA Concussion Policy.

President

Association Name: _____

Signature: _____ Date: _____

Print Name: _____

Send to:

**WAHA
P.O. Box 348
Solon Springs, WI 54873**

Or transmitted electronically to: john.hack@wahahockey.com