



COACHES AGREEMENT

For Concussions, Head Injury and Sudden Cardiac Arrest Information

As a Coach it is important to recognize the signs, symptoms, and behaviors of concussions, and the nature and risks of Sudden Cardiac Arrest during youth athletic activities. By signing this form, you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury, as well as those of Sudden Cardiac Arrest (SCA).

Coach Agreement:

I have read the Coach's Concussion and SCA Fact Sheets and understand what a concussion is and how it may be caused. I further understand the common signs, symptoms, and behaviors of a concussion. Furthermore, I understand the risks and nature of SCA during youth sports activities. I agree that I will remove an athlete from practice or play if the athlete sustains a concussion or if a concussion is suspected, or the athlete shows signs or symptoms of SCA.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion, or a SCA 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: _____