

Salmon Creek Little League



Manager and Coaches Record of Training and Agreement To Comply with Concussion and Head Injury Requirements

As a condition of managing or coaching, I have read the manager and coaches training information (Coaches/Volunteer Concussion Information Sheet) and will follow with practices on Concussions and Head Injuries, including educating my parents and players. I will also comply with all my League's policies regarding Concussions and Head Injuries. I will sit a player out when in doubt and not allow that player to return to practice or a game until cleared by professional medical personnel.

AGREED and ACCEPTED this _____ Day of _____ 2010.

Volunteer Name: _____
(Print Name)

Volunteer Signature: _____