



## COACHES CONCUSSION 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 per the guidelines set forth by California AB 2007.

### Coaches Agreement:

I \_\_\_\_\_ have read the Coaches Concussion and Head Injury Information and have completed the online course and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or 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 I must notify the President immediately should a player on my team be removed from practice due to a concussion or if a concussion is reported to me.

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

Coach Signature \_\_\_\_\_ Date \_\_\_\_\_

Age Level/Team \_\_\_\_\_