

COACH CONCUSSION CERTIFICATION

I have completed training or an annual update to previous training regarding concussions. Attached to this certification is evidence of my completion of the required annual training. I understand what a concussion is and what are the common signs, symptoms and behaviors associated with concussion and concussion type symptoms. I agree I will remove an athlete from all team physical activities if a player sustains a concussion or exhibits concussion type symptoms. I understand it is my responsibility to complete a Minnesota Hockey Concussion Reporting and Medical Clearance To Return To Play Form within 48 hours of receipt of information which indicates a player has sustained a concussion or exhibits concussion type symptoms. I understand that I cannot allow a player to return to team physical activities until I have received a completed Minnesota Hockey Concussion Reporting and Medical Clearance To Return To Play Form which is signed by an appropriate health professional and a parent or legal guardian of the player. I understand that knowingly violating the Youth Rules and Regulations can result in discipline up to and including suspension for up to one year.

Association Name: _____

Coach Name: _____

Signature: _____

Date: _____

District: _____

Team Name: _____

NOTE THAT TRAINING CAN BE COMPLETED ONLINE THROUGH THE CENTER FOR DISEASE CONTROL AT:
<https://www.cdc.gov/headsup/youthsports/training/index.html>. TRAINING FOR OTHER SPORTS WILL SATISFY THE TRAINING REQUIRED FOR THIS CERTIFICATION.