



Michigan Amateur Hockey Association

- I have been provided the MAHA / USA Hockey Concussion Management educational materials.
- I have read and understand the information.
- I agree to comply with the requirement to remove a youth athlete who is suspected of sustaining a concussion from all activity until I receive written clearance from a health professional.
- I agree to advise the Safe Sport Administrator, (*Insert Name Here*) of any suspected occurrence of concussion and to forward a copy of the written clearance for their files.
- I have been advised that I should visit the Centers for Disease Control and Prevention's information page, *Injury Prevention & Control: Traumatic Brain Injury*. (www.CDC.gov)

Coach's name: _____
Please print

Coach's signature: _____
Please sign

Today's date: _____

Witness: _____
Print name

Title: _____
Please print

Signature: _____

