



ASSOCIATION COMPLIANCE

For Concussions, Head Injury and Sudden Cardiac Arrest Information

It is the responsibility of every youth athletic organization to distribute a concussion and head injury fact sheet, as well as a Sudden Cardiac Arrest fact sheet, to each person who will be coaching a youth athletic activity, to each person who wishes to participate in that youth athletic activity and the parent or guardian of the athlete. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

By signing this form you are stating that you understand the importance of recognizing and responding to concussions, head injuries and cardiac arrest incidents, and that everyone participating in your Association, including all coaches, players and parents, have received, read and signed all documents as required by Wisconsin Statutes and WAHA rules.

Association President:

I confirm that everyone in our Association, including all coaches, parents and players, have been given materials on concussions and head injuries, and Sudden Cardiac Arrest incidents in youth athletic activities. I further confirm that everyone required to sign a statement that they have read a Parent/Athlete Concussion Fact Sheet, Sudden Cardiac Arrest Information or a Coach's Concussion Fact Sheet, and information for Coaches on Sudden Cardiac Arrest, has done so in accordance with WAHA rules and the Wisconsin Statutes.

I understand the possible consequences of not complying with the WAHA Concussion Policy and State Statutes regarding distribution of this information.

Association Name: _____

President

Signature: _____ Date: _____

Print Name: _____