



**YOUTH PROGRAM BACKGROUND CHECK AND CONCUSSION AWARENESS
CERTIFICATION FORM**

Team Name _____
(print team name)

Team U-Age _____ Team Gender _____

As an official representative of the above listed team I hereby certify the following:

- All adults working or volunteering with our team have been subject to a criminal background check within the last twenty-four (24) months.
- Every coach with our team has the Centers for Disease Control Heads Up Concussion in Youth Sports Completion Certificate.

Signature of Team Representative

Date: _____

Print Name of Team Representative

Title: _____