CHILTON ATHLETIC CLUB

COACHES 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 Wisconsin Statute 118.293.

Coaches Agreement:

I _____ have read the Coaches Concussion and Head Injury Information 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 the possible consequences of the athlete returning to practice/play too soon.

Coach Signature_____Date_____

Chilton AC - Baseball / Softball Programs - 2025

Age Level _____

Coaches Information

Name_____

Date of Birth: _____ Email Address: _____

Address_____

City_____ Zip_____

Phone: _____ Cell Phone: _____

The Chilton Athletic Club shall at its discretion, have the Family Insurance Center conduct a background check. As appropriate, other background checks may also be conducted. Your offer to coach may be subject to the satisfactory findings of one or more completed background checks. I authorize Chilton Athletic Club to perform a background check and certify that all personal information provided is true and correct.

Coach Signature_____Date_____