

# 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** \_\_\_\_\_