



**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: \_\_\_\_\_