

## GAASA/OYSAN CLUB/COACH COMPLIANCE FORM

This form is to certify that the undersigned club, through its designated representative, has confirmed that all of their coaches and any other individual working players on behalf of the club have met the standards set forth in State Bill 143 ("Return to Play" law) in accordance with OYSAN policy.

Please read the following certifications:

1. To the best of my knowledge all coaches and other individuals working with players have completed the OYSAN designated concussion training course.
2. That all teams will have the following documents available during any club activities (games, practices, camps, etc.) involving players (forms available at [http://www.oysan.org/For\\_Coaches/Concussion\\_Training.htm](http://www.oysan.org/For_Coaches/Concussion_Training.htm)):
  - 2.1. Youth Sports Concussion Information Sheet-this form must also be presented to all parents according to league policies
  - 2.2. Possible Concussion Notification Form
  - 2.3. Certificate of Completion of Concussion Training (NFHS)
3. I hereby certify as an official contact person and on behalf of \_\_\_\_\_ (insert name of club), all AASL, Ohio Youth Soccer Association-North (OYSAN) and State of Ohio policies regarding concussion training have been met and will be followed coming season as identified below. I acknowledge that non-compliance could impact the ability of the club and its teams to compete in the identified season.

Signature of the person completing this form:

Club Name:

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Printed name:

Season & Year

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