



**California Amateur Hockey Association  
Concussion Awareness and Protocol  
Coach Acknowledgement Form  
Youth Hockey**

Coach Name: \_\_\_\_\_

Level of Play: \_\_\_\_\_ Club: \_\_\_\_\_

1. I understand that the California Amateur Hockey Association has adopted concussion-related education, awareness and protocol into their Guidebook and Rules of Play.
2. I understand the following guidelines and protocol exist, and will respect them if they must be instituted for any individual on the team:
  - a. An athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the activity for the remainder of the day. Removal from play can be at the request of a coach, official, team manager, parent/guardian, or the player.
  - b. Athlete shall not be permitted to return to the activity until he/she is evaluated by a licensed health care provider, who is trained in the management of concussions, acting within the scope of his/her practice.
  - c. Further, the athlete shall not be permitted to return to activity until he or she provides the approved and completed Concussion Release form, from that same licensed health care provider who is trained in the management of concussions, acting within the scope of his/her practice.
3. Should it be determined that a player needs to be removed from play, I understand that the protocol outlined herein shall be followed for the safety of the player.
4. I understand that if a suspected concussion has occurred and protocol has been enacted for a player, there is no review period or negotiation as to the course of action and return to play outside of the recommendations of the licensed healthcare provider, who is trained in the management of concussions, acting within the scope of his/her practice, that has been selected to treat the player.

By the signature below, I acknowledge and agree to all of the information stated herein.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature