



Date: _____

PROOF OF CONCUSSION TRAINING FOR VOLUNTEER COACHES

I acknowledge that I have completed the Concussion Training Module for Volunteer Coaches provided by the Waterloo Region District School Board.

Name: _____

Signature: _____

School: _____

Head Coach: _____ ** Must be a staff member

Note: Volunteers – upon completion of the training module, it is your responsibility to submit this form to the staff member with primary responsibility for the team you are coaching.