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CERTIFICATION OF COMPLIANCE

To whom it may concern;

I _____ ;
First Name MI Last

Certify that I have accessed the CDC website and “Coaches Tool-Box” and viewed the educational video regarding concussions.

I acknowledge that Washington State, County and City require compliance of this training for the health and welfare of my players. I will ABIDE BY and ENFORCE all precautions necessary to mitigate any risk to a player that is associated with concussion trauma.

Coaches Signature Date