



RISK MANAGEMENT CERTIFICATION

Club & Team Name _____
(print team name)

Team Age-U _____ Team Gender _____

As the Authorized Representative of the above listed team, I hereby certify the following:

- Everyone 18 years old or older that is working or volunteering with the above listed team has successfully passed a national and county criminal background search within the current two (2) years.
- Everyone working or volunteering with the above listed team has the Centers for Disease Control Heads Up Concussion in Youth Sports Completion Certificate.
- Everyone working or volunteering with the above listed team has received within the current two (2) years, a US Olympic Committee SafeSport or Abuse Prevention Training Certificate.

Signature of Team Representative

Date: _____

Print Name of Team Representative

Title: _____