



COACHES Agreement

_____ **Rec League** _____ **Estes Tournament** _____ **Fall Ball**

Coaches please initial each item on this page and sign and date at the bottom. Return to:

CCGSA
PO Box 220094
Milwaukie, OR 97269

or

email it to: KarlaKeller785@yahoo.com

CODE OF ETHICS

_____ I have read the ASA Code of Ethics and agree to adhere to it.

_____ I will insure my assistant coaches follow the ASA Code of Ethics.

_____ I will insure my players and parents follow the ASA Code of Ethics.

Violation of the ASA Code of Ethics will cause your team to forfeit all remaining games and no refund will be issued.

ASA Registration

_____ I am ASA certified to coach this calendar year.

_____ I have verified that all of my assistant coaches are ASA certified to coach this calendar year.

_____ I have verified that all of my players are ASA registered for this calendar year.

Please provide a photocopy of each coaches ASA card when you return this form. If a player or a coach is not ASA certified all games will be forfeited and no refunds will be issued. No excuses – make sure that it is done.

Concussion Training

_____ I have taken the Concussion Training and concussion risks were discussed at a team meeting .

_____ I have verified my assistant coaches have taken Concussion Training.

_____ My parents and players have all signed the Concussion Form.

Name (Print) _____ **Team Age** _____ **Association** _____

Name Sign

Date