

ECYSA CONCUSSION AWARENESS TRAINING CERTIFICATION

I/we certify to Essex County Youth Soccer Association (ECYSA) that all coaches and assistant coaches submitted to ECYSA for the _____ season by

(MEMBER ORGANIZATION NAME)

As of _____
(DATE)

have completed a specified Concussion Awareness Course within the past 2 years.

(Organization President Name typed/Printed)

(President Signature)

(Travel Director Name typed/Printed)

(Travel Director Signature)