

Referee/Umpire Concussion Policy Agreement

Name

Role (Referee/Umpire)

Agreement

I acknowledge that I have read and understood the concussion policy set forth by the organization. I agree to abide by the procedures and protocols for the recognition, management, and reporting of concussions during all officiated games and activities. I understand my responsibilities regarding the safety and well-being of all participants and agree to comply with all relevant guidelines.

Signature

Date