

I, _____, as the head coach of the team have read and fully understand the injury reporting process outlined above. I also understand that if I am conducting practice or training of any kind at a location that is not listed on the attached insured field locations that I must report the name of the location and address to the SWM VP of Team Administration at least 7 days in advance of use of that location so that it can be added to the insured list prior to use.

Signed : _____ Date: _____

Printed Name: _____

Birth Year of Team(s): _____ Gender of Team(s): _____