

Community Youth Football League

CYFL Coaches Roster

Team _____ Head Coach _____

Assistant Coaches

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

I, _____, certify that both myself and the above listed assistant coaches on this roster have completed the necessary concussion awareness training as required by Ohio House Bill 143 and have reviewed and will comply with the CYFL Rules and Regulations and Code of Conduct policy and are eligible to serve in the spirit of good sportsmanship and fair play during this football season.

Signed _____

Date _____