

# ACKNOWLEDGMENT

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I have received and read my EYLLL Safety Plan and will have it at all practices, batting cage practices, and games and any other event where team members could potentially be injured.

Name of Manager: \_\_\_\_\_

Team Name: \_\_\_\_\_

Division: \_\_\_\_\_

Signature of Manager: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Please read the Safety Plan and return this Acknowledgment Form at your division draft or on field day.