



Concussion Resource Sign off – Athletes & Participants (2021-22)

In recognition of the potential seriousness of a concussion, I, _____,
(the athlete)

and I, _____, of _____, by signing this form
(parent/legal guardian – if (the athlete)
the athlete is under 18)

confirm that I have reviewed in detail the Government of Ontario’s Concussion Resources.

<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>

All sections of the form must be completed in full for the form to be valid.

Athlete’s Name Athlete’s Signature Date

For athletes under the age of 18 years of age, as of the date of signature

Parent or Legal Guardian’s Name Parent or Legal Guardian’s
Signature Date
