



**Concussion and Traumatic Head Injury Policy Parental  
Acknowledgment Form**

In compliance with Utah Code § 26-53-101 *et seq.*, this acknowledgment form is to confirm that you have read and understand the Concussion and Traumatic Head Injury Information Sheet and the City's Concussion and Traumatic Head Injury Policy provided to you by the City related to potential concussion and traumatic head injuries occurring during participation in sporting events.

I, \_\_\_\_\_ (*name of parent/guardian*) as parent/guardian of \_\_\_\_\_ (*name of player*), have read the information material provided to us by the City related to concussion and traumatic head injuries occurring during participation in sporting events and understand the content, responsibilities, and warnings therein.

I understand that if my child sustains a concussion, it is my responsibility to return a completed Qualified Health Care Provider Statement Authorizing Player to Resume Play form to the Orem Fitness Center. (This form can be downloaded at [www.oremrecreation.com](http://www.oremrecreation.com) or picked up at the Orem Fitness Center.)

By signing below, I acknowledge that I have read and understand the Concussion and Traumatic Head Injury Information Sheet and the Concussion and Traumatic Head Injury Policy, and that I agree to abide by the City's Concussion and Traumatic Head Injury Policy.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

PLAYER: \_\_\_\_\_

DOB: \_\_\_\_\_