



# THE CITY OF COLUMBUS

ANDREW J. GINTHER, MAYOR

## RECREATION AND PARKS DEPARTMENT

### ACKNOWLEDGEMENT OF HAVING READ THE "OHIO DEPARTMENT OF HEALTH CONCUSSION INFORMATION SHEET"

By signing this form, as the parent/guardian/care-giver of the athlete named below, I acknowledge having read the "Youth Sports Concussion Information Sheet" prepared by the Ohio Department of Health (sheet can be found here: [www.healthy.ohio.gov/concussion](http://www.healthy.ohio.gov/concussion)).

I understand that concussions and other head injuries have serious and possibly long-lasting effects.

By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my athlete's doctor.

I also understand that coaches, referees and other officials have a responsibility to protect the health of the athletes and may prohibit my athlete from further participation in athletic programs until my athlete has been cleared to return by a physician or other appropriate health care professional.

\_\_\_\_\_  
Athlete's Name

\_\_\_\_\_  
Recreation Center

**Center Circle all that apply -**

Baseball   Basketball   Boxing   Cheer/Dance   Flag FB   Gymnastics   Martial Arts   Soccer  
Tennis   Other Sport(s)

\_\_\_\_\_  
Parent/Guardian (Print)   Parent/Guardian (Signature)   Date