 **Rowan’s Law Acknowledgement Form**

Participant name (first and last):

Participant Type (check one):

\_\_\_\_\_ Coach/trainer/bench staff \_\_\_\_\_Player \_\_\_\_\_Parent

Participant Birthdate:

Team Level:

Parent/Guardian Name:

Email:

The above named participant and parent/guardian (if applicable) has/have reviewed the OHF Concussion Code of Conduct and the appropriate Concussion Awareness Resources and commit to operating within the parameter of the OHF Concussion Code of Conduct under the role which the Participant and Parent/Guardian (if applicable) has/have registered with the OHF.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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