

# FEDERATION OF BROOMBALL ASSOCIATIONS OF ONTARIO

## Concussion Awareness Confirmation Form

- ❖ The undersigned individual who is under 18 years of age, and their Parent(s)/Guardian(s), along with Team Official(s), hereby confirm to the F.B.A.O. that they have reviewed Concussion Awareness resources approved by the Minister of Tourism, Culture, and Sport, along with the F.B.A.O.'s Concussion Code of Conduct in Appendix J – Concussion Safety Protocol of the F.B.A.O. Constitution and By-Laws within 12 months before Team and Player Registration.
- ❖ This information is collected solely for the use of the F.B.A.O. and its affiliated teams and team officials, and will not be released to any outside organization or person.

### Season Information:

Region: \_\_\_\_\_ Season: \_\_\_\_\_

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

Category: \_\_\_\_\_

### Player Information:

Player's Name: \_\_\_\_\_

Birthday (d/m/y): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Concussion Awareness Confirmation Acknowledgment:

#### Player:

Note: all players, no matter their age, must print/sign their name to acknowledge their understanding of concussion protocols.

\_\_\_\_\_  
Signature of Player

\_\_\_\_\_  
Date

#### Parent/Guardian:

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

#### Team Official:

\_\_\_\_\_  
Name of Team Official

\_\_\_\_\_  
Signature of Team Official

\_\_\_\_\_  
Date

Name of Regional Rep. Received By: \_\_\_\_\_ Date: \_\_\_\_\_