



**2023 Ohio Elite Soccer Academy College & Junior Showcase  
Concussion Parent Acknowledgement Form**

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

**Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**This is to certify that every parent on my team has been given the Youth Sports Organization Concussion Form by the method checked below:**

\_\_\_\_\_ **The Youth Sports Organization Concussion form was emailed as an attachment to every parent on my team.**

\_\_\_\_\_ **The Youth Sports Organization Concussion form was printed out and physically handed to every parent on my team.**

\_\_\_\_\_  
**Signed by Coach/Team Mgr**

\_\_\_\_\_  
**Print Name of Coach/Mgr**

\_\_\_\_\_  
**Date Signed**