



**2024 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