_____ Recreation Council

Program Name: _____ Age Group: _____

In compliance with Maryland HB 858 and SB 771, I hereby acknowledge that I have received the information regarding concussions published by the United States Department of Health and Human Services Centers for Disease Control and Prevention (CDC). For additional information I understand that I may call 1-800-232-4636 or go to www.dcd.gov/concussioninyouthsports.

Print/Signature	**Check appropriate box**
_____	☐ Athlete ☐ Parent ☐ Coach
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