	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
	Athlete	☐ Parent	☐ Coach
	Athlete	☐ Parent	☐ Coach
	Athlete	☐ Parent	☐ Coach
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☐ Athlete ☐ Parent ☐ Coach