



PALM BEACH GARDENS YOUTH ATHLETIC ASSOCIATION
4029 JOHNSON DAIRY ROAD
PALM BEACH GARDENS, FL 33410

Organization Background and Concussion Education Compliance Form Completion of this form indicates that our “Independent Sanctioning Authority” has completed background screening of all athletic coaches. This “Independent Sanctioning Authority” has not allowed any athletic coach to participate without a background screening on file with the City of Palm Beach Gardens.

Our organization has adopted guidelines to educate athletic coaches, officials, administrators, and youth athletes and their parents and/or guardians of the nature and risk of concussion and head injury.

Our organization has adopted written by-laws or policies that require the parent or guardian of a youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury, including the risk of continuing to play after concussion or head injury, each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth’s candidacy for an athletic team. A copy of the by-laws or policy is included with this form Our organization has adopted a by-law or policy requiring each youth athlete who is suspected of sustaining a concussion or head injury in a practice or competition to be immediately removed from the activity. A youth athlete who has been removed from an activity may not return to practice or competition until the youth submits to the athletic coach a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury. Medical clearance must be authorized by the appropriate health care practitioner trained in the diagnosis, evaluation and management of concussions as defined by the Sports Medicine Advisory Committee of the Florida High School Athletic Association.

A copy of the by-law or policy is included with this form. As a representative of the above named “independent Sanctioning Authority” I acknowledge that the items listed above have been met in accordance with Florida State Statute 943.0438.

I have read and understand this consent form, and I volunteer to participate.

Player Name _____

As a parent or guardian, I have read and understand this consent form and I give permission for my child, named above, to participate.

Parent/Legal Guardian Name _____

Signature _____ Date: _____