

Potomac Soccer Association  
Concussion Policy Confirmation Form

Please fill in relevant player/family information, initial each line, sign and date.

I \_\_\_\_\_, parent(s) of \_\_\_\_\_ who is  
registered on the \_\_\_\_\_ team acknowledge the following:

- \_\_\_\_\_ I have received a written copy of the Potomac Soccer Association Sports Concussion Policy
- \_\_\_\_\_ I have completed the HEADS UP to Youth Sports: Online Training
- \_\_\_\_\_ I have received written materials concerning concussions and concussion management

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

