_____________________________Organization/ User Group

Program/League Name: ____________________________ Age Group:__________________

In compliance with Maryland HB 858 and SB771, 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) and have shared this information with my child(ren) or athlete(s). For additional information I understand that I may go to www.cdc.gov/concussion/sports.

Print/Signature	**Check appropriate box**
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