

**USA Softball of Utah 2017
Parent Authorization/Consent Form**

I, _____, (parent/guardian) hereby authorize my daughter, _____, to play for, _____ (team name) for the USA Softball of Utah 2017 (USA Softball) season.

By signing this authorization I acknowledge the following:

- 1) My daughter will be registered with USA Softball on the team stated above.
- 2) My daughter is allowed one (1) roster transfer between May 20th and 48 hours prior to the start of the State Accelerated Tournament. Transfer restrictions do not apply after August 17. Playing as an add-on or pick-up player does not constitute a roster transfer.
- 3) Pursuant to Utah Health code 26-53-201, I have read, understand, and agree to abide by the USA Softball of Utah policy on concussions and head injuries.

**USA Softball of Utah Policy
Concussions and Traumatic Head Injuries**

1) Any USA Softball of Utah agent (coach, umpire, representative, etc.) shall:

- (a) Immediately remove a child from participating in a USA Softball of Utah sporting event if the child is suspected of sustaining a concussion or a traumatic head injury; and
- (b) Provide the parent or guardian the opportunity to read the USA Softball Safety Awareness Guide for Concussion Awareness/Risks, found in the USA Softball Participant Manual or at www.usasoftballutah.com; and
- (c) Prohibit the child from participating in further USA Softball of Utah sporting events until the child:
 - (i) Is evaluated by a qualified health care provider who is trained in the evaluation and management of a concussion; and
 - (ii) Provides USA Softball of Utah with a written statement from the qualified health care provider stating that:
 - (a) The qualified health care provider has, within three (3) years before the day on which the written statement is made, successfully completed a continuing education course in the evaluation and management of a concussion; and
 - (b) The child is clear to resume participating in USA Softball of Utah sporting events.

Read and agreed to this _____ day of _____, _____.

Parent/Guardian Signature