

FEDERATION OF BROOMBALL ASSOCIATIONS OF ONTARIO

Junior Registration & Concussion Awareness Confirmation Form

- ❖ The undersigned individual who is under 18 years of age, and their Parent(s)/Guardian(s), along with Coaches/Team Officials, hereby confirm to the F.B.A.O. that they have reviewed Concussion Awareness resources approved by the Minister of Tourism, Culture, and Sport, along with the F.B.A.O.'s Concussion Code of Conduct in Appendix J – Concussion Safety Protocol of the F.B.A.O. Constitution and By-Laws within 12 months before Team and Player Registration.
- ❖ This information is collected solely for the use of the F.B.A.O. and its affiliated teams and coaches, and will not be released to any outside organization or person.

Season Information:

Region: _____ Season: _____

Team Name: _____

Category: _____

Player Information:

Player's Name: _____

Birthdate: ___ d / ___ m / ___ y Gender (M/F): _____

Address: _____

Town/City: _____ Postal Code: _____

Phone: _____ Email: _____

New/Returning Player:

New players must provide a copy of their birth certificate. Returning players who have previously registered with the F.B.A.O. do not need to resubmit a copy.

New Player _____ Returning Player _____

Concussion Awareness Confirmation Acknowledgment:

Player:

Note: all players, no matter their age, must print/sign their name to acknowledge their understanding of concussion protocols.

Signature of Player

Date

Parent/Guardian:

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Coach:

Name of Coach

Signature of Coach

Date

Received by Regional Rep.: _____ Date: _____