**Receipt of Review of Concussion Awareness Resource**

Thank you for completing your review of the Concussion Awareness Resource.

* Under [*Rowan’s Law*](https://www.ontario.ca/laws/regulation/r19161)*,* your sport organization will ask you to confirm that you reviewed one of the [Concussion Awareness Resources](https://www.ontario.ca/page/rowans-law-concussion-awareness-resources) in this website (Ontario.ca/concussions) before you can register/participate in a sport.
* You must review one of the resources once a year, and then confirm that you have completed the review every time you register with a sport organization. If you want to use this form to show that you have reviewed the concussion awareness resource, you can provide the completed form to your sport organization(s).

Family: Club:

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I have reviewed all age appropriate Concussion Awareness Resources.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date*

Swimmer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I have reviewed a Concussion Awareness Resource.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date*

Swimmer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I have reviewed a Concussion Awareness Resource.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date*

Swimmer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I have reviewed a Concussion Awareness Resource.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date*

*Please return to your Club Registrar.*