

## **Buckeye Premier Youth Soccer League**

www.buckeyepremier.com (614) 436-6775

By signing this document the parent or guardian is confirming per State of Ohio law that they have received a copy of the Ohio Department of Health Concussion Information Sheet for Youth Sports on behalf of their BPYSL player.

DATE	
Club Name	
Team Name	
Team Age	
Head Coach	
Email	

Player First & Last Name	Player Date of Birth	Parent/Guaridan Signature	Date



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Team Continued – PAGE 2  Team Name						
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