

**Utah ASA 2012
Parent Authorization/Consent Form**

I, _____, (parent/guardian) hereby authorize my daughter, _____, to play for, _____ (team name) for the 2012 Utah ASA (Amateur Softball Association) season.

By signing this authorization I acknowledge the following:

- 1) My daughter will be registered with ASA on the team stated above.
- 2) My daughter is allowed one (1) roster transfer between April 1st 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 Utah ASA policy on concussions and head injuries.

**Utah ASA Policy
Concussions and Traumatic Head Injuries**

- 1) Any Utah ASA agent (coach, umpire, representative, etc.) shall:
 - (a) Immediately remove a child from participating in a Utah ASA 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 ASA Safety Awareness Guide for Concussion Awareness/Risks, found in the ASA Participant Manual or at www.utahasa.com; and
 - (c) Prohibit the child from participating in further Utah ASA 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 the Utah ASA 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 Utah ASA sporting events.

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

Parent/Guardian Signature