I, _________________________________ the parent/guardian of _______________________________

Print Parent/Guardian Name

Print Student or Students’ Names

have read, understand, and agree to abide by the Tooele County School District policy regarding
concussions and traumatic head injuries for the purposes of “sporting events”\(^1\) sponsored by the District.

_____________________________________________   ________________________
Signature of Parent/Guardian               Date

\(^1\) “Sporting event” means any of the following activities that is organized, operated, managed, or sponsored by the District: (i) a game; (ii) a performance; (iii) a practice; (iv) a sports camp; (v) a physical education class; (vi) a competition; (vii) a tryout; (viii) recess, field days, and elementary school activities.