**Pentathlon Canada and [insert PSO]**

**Policy Acknowledgement Form**

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| **PERSONAL INFORMATION** |
| **Participant’s Full Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Participant’s Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Gender Identity: \_\_\_\_\_\_\_\_\_\_\_**  **Participant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Street Address City Prov / Ter Postal Code**  **Participant’s Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Cell Phone Home Phone Email Address**  **---------------------------------------------------------------------------------------------------------------------------------------------------------------**  ***If the Participant is younger than the Age of Majority in the province/territory:*** (Age of Majority – 19: BC, NS, NB, NL, YT, NT, NU; 18 – AB, MB, ON, PE, QC, SK)  **Name(s) of Participant’s Parent(s)/Guardian(s) (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent/Guardian’s Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Cell Phone Home Phone Business Phone**  **Parent/Guardian’s Email Address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **CONCUSSION PROTOCOL AND POLICY** |
| The Concussion Policy and National Concussion Protocol are posted here: [insert link]  By signing this form, I certify for myself and/or on behalf of my participant who is younger than the age of majority that:   * I have reviewed the Concussion Policy and National Concussion Protocol * If I work with athletes or serve as a ‘designated person’, I will follow the procedures outlined in the Protocol   I further recognize that [insert PSO] will:   * Remind participants and parents/guardians about the Concussion Policy and National Concussion Protocol * Post the Policy and Protocol on its website * Inform volunteers to review the Policy and Protocol as part of annual volunteer orientation |
| **CONCUSSION AWARENESS RESOURCES (ONTARIO ONLY)** |
| Per the *Concussion Policy and Concussion Code of Conduct,* I recognize that if I live in Ontario and if I am under the age of 26 years old, I must review the following Concussion Awareness resources at least once a year:   1. [Ages 10 and under](https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-10-and-under) 2. [Ages 11-14](https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-11-14) 3. [Ages 15+](https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-15-and-up)   I recognize that Parents/Guardians of participants under 18 years old, and coaches and trainers who are interacting with athletes under the age of 26 years old, must also review the Concussion Awareness resources.  By signing this Form, I certify for myself and/or on behalf of my participant who is under 18 years old, that the Concussion Awareness resources have been reviewed. |
| **CONCUSSION CODE OF CONDUCT (ONTARIO ONLY)** |
| Per the *Concussion Policy and Concussion Code of Conduct,* I recognize that if I live in Ontario and if I am under the age of 26 years old, I must review and sign the *Concussion Code of Conduct* located here: [**insert link**].  I recognize that Parents/Guardians of participants under 18 years old, and coaches and trainers who are interacting with athletes under the age of 26 years old, must also review and sign the *Concussion Code of Conduct*.  By signing this Form, I certify for myself and/or on behalf of my participant who is under 18 years old, that the *Concussion Code of Conduct* has been signed. |
| **SAFE SPORT POLICIES** |
| The Safe Sport Policy Manual is posted here: [insert link]  By signing this form, I certify for myself and/or on behalf of my participant who is younger than the age of majority that:   * I have reviewed the Safe Sport Policy Manual * I am familiar with the definitions of Maltreatment, Harassment, and other forms of misconduct * I will abide by the Code of Conduct and Ethics and adhere to all the other safe sport policies * I know how to report misconduct to Pentathlon Canada’s Safe Sport Officer |
| **ACCEPTANCE OF TERMS AND CONDITIONS** |
| I acknowledge that I have read this Form in its entirety. I am executing this Form voluntarily.  **By typing/printing/signing my name below and/or clicking/checking the “I Agree” icon, I agree that I am bound by all that is contained in this Form.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I AGREE**  **Name of Participant Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I AGREE**  **Name of Participant’s Parent/Guardian Date**  **(*if the Participant is younger than the age of majority*)** |