



CALIFORNIA LITTLE LEAGUE DISTRICT 23
INFORMED CONSENT FORM

Name of Youth Athlete: _____

Name(s) of parents or legal guardians: _____

Address: _____

League: Ontario Mountain View Little League

Season/Year: _____

I. Consent of Parent/ Guardian

I, _____, as the parent/ legal guardian of _____ a participant in California District 23 Little League activities, hereby acknowledge that I have been informed of the dangers of COVID-19, the signs and symptoms of infection, and of proper prevention requirements. I further acknowledge that I have been provided with specific information about COVID-19 and the procedures to be followed in the event that my child has been removed from play due to a suspected exposure/infection and my responsibilities pertaining to clearance for my child's returning to play following infection.

I have been informed of the dangers of head injuries, the signs and symptoms of such injuries, and of proper injury prevention techniques and skills. I further acknowledge that I have been provided with specific information about such injuries and the procedures to be followed in the event that my child has been removed from play due to a suspected head injury or concussion and my responsibilities pertaining to a physician's evaluation and clearance prior to my child's returning to play following any such injury. I understand that this information is set out in the CDC CONCUSSION FACT Sheet at www.cdc.gov/headsup/pdfs/youthsports/parents_athlete_info_sheet.

Having been so informed I hereby give my consent to my child's participation in the athletic activities listed above and I agree to abide by all applicable rules and regulations concerning such athletic events and activities and the recommended procedures in the event that my child is suspected of COVID-19 exposure, COVID-19 infection or having been injured, including all return-to- play requirements and procedures.

Parent/Legal Guardian Signature

Date: _____