



# ONTARIO HOCKEY FEDERATION

400 Sheldon Drive, Unit 9, Cambridge, Ontario N1T 2H9  
T: 226 533.9070 F: 519 620.7476  
www.ohf.on.ca

Proud Branch Of



## Ontario Hockey Federation Rowan's Law Acknowledgement Form

The Ontario Government has enacted *Rowan's Law (Concussion Safety), 2018, S.O. 2018, c. 1 ("Act")*. Ontario Regulation 161/19, the Act requires all sport organizations as defined in the Regulation ("Sports Organization"), which includes the Ontario Hockey Federation ("OHF"), to have a Concussion Code of Conduct. This Concussion Code of Conduct must require participants, as set out in the Act, to review the Ontario Government's issued Concussion Awareness Resources on an annual basis. A participant is subject to a Concussion Code of Conduct for each Sports Organization a participant registers with.

Applicable age appropriate Concussion Awareness Resources are located at [www.ontario.ca/concussions](http://www.ontario.ca/concussions). The OHF Concussion Code of Conduct and the appropriate Concussion Awareness Resources must be reviewed before you can register/participate in the OHF.

- 10 and Under Concussion Awareness Resource
- 11-14 Concussion Awareness Resource
- 15 and Over Concussion Awareness Resource

If you would like to have a record of your review of the concussion awareness resources, you can complete this form and keep it as a receipt to remind you of the date on which you reviewed it.

### Acknowledgement of Review

I, \_\_\_\_\_ (first name) \_\_\_\_\_ (last name) \_\_\_\_\_ (birth date yyyy/mm/dd of athlete, Team Official or On-Ice Officials name) confirm that I have reviewed the OHF Concussion Code of Conduct (Appendix A) and the appropriate Concussion Awareness Resources and commit to operating within the parameters of the OHF Concussion Code of Conduct under the role which I have registered with the OHF.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***If the participant above is under the age of the 18, then the parent of that participant must also sign the Acknowledgement set out below.***

I, \_\_\_\_\_ (print name of parent if above signatory is under 18) confirm that I have reviewed the OHF Concussion Code of Conduct and the appropriate Concussion Awareness Resources and commit that the signatory above and I will operate within the parameters of the OHF Concussion Code of Conduct under the role which I have registered with the OHF.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Disclaimer: In order to register/participate in the OHF this signed form must be submitted to the Minor Hockey Association that you are registering with.***

OHF Members

