



## Canton Parks and Recreation

### **Youth Basketball League**

#### *Code of Ethics*

My child and I have received, read and understand the Code of Ethics for the 2016 Canton Parks and Recreation's Youth Basketball League.

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Parent/Guardian Signature

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Parent/Guardian Print Name

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Child's Name

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Date

**Please fill out completely and return to your coach ASAP. All forms must be received by the first practice.**

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## Canton Parks and Recreation

### **Youth Basketball League**

#### *Concussion Information*

My child and I have received, read and understand the Concussion Management and Return to Play Requirements provided by the Connecticut Interscholastic Athletic Conference and adopted for use in the 2016 Canton Parks and Recreation's Youth Basketball League.

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Parent/Guardian Signature

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Parent/Guardian Print Name

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Child's Name

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Date

**Please fill out completely and return to your coach ASAP. All forms must be received at the first practice.**

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