



My signature verifies that I have read the official tournament rules provided by the Grand Forks Youth Hockey Association and agree to the following:

1. Brain/Concussion related injuries will be evaluated by the Altru Advanced Orthopedics Athletic Training team.
2. Any athlete exhibiting brain/concussion related injuries through evaluation by the Altru Advanced Orthopedics Training team will be removed from tournament play for the remainder of the tournament.
3. All decisions made by the Altru Advanced Orthopedics Athletic Training team are **FINAL**.

Failure to sign and return this document to the Grand Forks Youth Hockey Association prior to the start of the tournament will forfeit the team's participation in the event.

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Coach/Team Manager Signature

Date

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**Do not write below this line. For Grand Forks Youth Hockey Association use.**

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Received by Signature

Date