

**Ohio House Bill 143 Return-to-Play Law  
Acknowledgement Form**

COACHES/REFEREES - YOUTH SPORTS ORGANIZATIONS  
(Non-school sports)

Training in Recognizing the Signs and Symptoms of a Concussion

To ensure compliance with Ohio House Bill 143, Copley Township will not allow on Township sports fields (Copley Community Park and VFW Soccer Field) any individual to serve as a coach, referee, or umpire, for a youth sports organization or youth sports team, public or private, whether volunteer or paid, without:

1. Successfully completing, every three years, an online training program provided by the Ohio Department of Health in recognizing the signs and symptoms of concussions and head injuries  
-OR-
2. Holding a current Pupil Activity Permit (PAP) from the Ohio Department of Education

Copley Township shall require:

1. All youth sports organizations and youth sports teams to provide the Township with certification that all coaches, referees, and umpires, have completed the required training or hold a current Pupil Activity Permit (PAP) to prove compliance, upon request.
2. That parents or guardians of all youths participating in any sport on Township sports fields must be given a Parental Information Sheet on Ohio House Bill 143.
3. The below signed statement to be submitted annually to the Township by all youth sports organizations and youth sports teams at or prior to field reservation requests. No field reservations will be honored without submitting this form.

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Please fill out, sign, and return to Copley Township at 1540 S. Cleveland-Massillon Road, Copley, OH 44321, or fax to 330-670-4720, or email to Copley Service Director Mark Mitchell at [mmitchell@copley.oh.us](mailto:mmitchell@copley.oh.us).

I, \_\_\_\_\_, as the authorized youth sports organization

official or youth sports team organizer, for \_\_\_\_\_ state  
*(organization or team)*

that all individuals serving as team coaches and referees used by our organization or team during play, are in compliance with Ohio House Bill 143 and have completed the required training from the Ohio Department of Health in recognizing the signs and symptoms of concussions and head injuries or hold a current Pupil Activity Permit (PAP) from the Ohio Department of Education.

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*Signature of Organization Official or Team Organizer*

*Date*