

TO: All Riders

RE: 2024 American Flat Track Series Rider Baseline Testing Requirement

In order for a competition license application to be considered, each rider must provide documentation that they have completed an ImPACT Concussion Management Test, recognized by AMA Pro Racing. This test shall be used to assist in determining when a rider will be allowed to return to competition after suffering a concussion.

A test is considered current for two seasons of competition following the date the test is completed. If a test is completed during a competition season, the test will be current for that season and the next season immediately thereafter. If completed prior to the start of a competition season, the test will be current for the first season beginning immediately after and the following season.

Where do I get a baseline test?

1. A test may be completed online at <u>BaselineTesting.com</u>. If done online, please email the confirmation page to smcmillan@amaproracing.com.

OR

2. From Provider of your choice.

What do I send to AMA Pro Racing?

Riders will need to complete the AMA Pro Racing Baseline Testing Submission form and follow its instructions. If you have any questions, please contact the Competition Department at 386-492-1014 Ext. 123.

BASELINE TESTING SUBMISSION FORM

PLEASE TYPE OR PRINT

Competitor Name:				
Date of Birth:	//	Age:		
Cell Phone:				
	ImPACT Test	Information		
My Baseline was perform	ned by:			
Printed Name of Credential	ed ImPACT Consultant	Date		
Signature of Credentialed In	mPACT Consultant	0	Date	
Should a copy be neces	mPACT Consultant sary for evaluation and/or om a treating physician at	treatment, a copy	will be on file and	d available withir
Should a copy be neces	sary for evaluation and/or	treatment, a copy the following loca	will be on file and tion:	
Should a copy be neces hours per any request fr	sary for evaluation and/or to on a treating physician at t	treatment, a copy the following loca	will be on file and tion:	
Should a copy be neces hours per any request fr	sary for evaluation and/or to on a treating physician at t	treatment, a copy the following loca	will be on file and tion:	
Should a copy be neces hours per any request fr Name Address City	sary for evaluation and/or to om a treating physician at to 	treatment, a copy the following loca	will be on file and tion:	
Should a copy be necess hours per any request fr Name Address City () Phone	sary for evaluation and/or to om a treating physician at to 	treatment, a copy the following loca	will be on file and ation:	

AMA PRO RACING