



CONCUSSION

By registering my child(ren) with the **Fox Valley Wave Swim Team**, I confirm that my child(ren) and I hereby acknowledge having read the concussion fact sheet available under the Docs tab available on our home page about the signs, symptoms, and risks of sport related concussion. We also acknowledge our responsibility to report to coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. We certify that we have read, understand, and agree to abide by all of the information contained in the aforementioned fact sheet. We further certify that if we have not understood any information contained in this document, we have sought and received an explanation of the information prior to signing this statement.