PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement:

I _______________________________ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian
Signature_________________________________ Date_________________

Athlete Agreement:

I _______________________________ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete
Signature_________________________________ Date_________________
Questions and Contact Information

Name_________________________________________ Date_______________

Address____________________________________________________________________

City________________________________________ Zip________________ County________

Phone________________________ Email________________________________________

Age______ School ______________________ School District____________________

Check all that apply
I participate in:

O Football O Baseball/Softball O Basketball O Hockey
O Soccer O Golf O Volleyball O Wrestling
O Track & Field O Cross Country O Cheerleading O Skiing/Snowboarding
O Gymnastics O Tennis O Swimming & Diving
O Other_______________________________________________________________

Name of Current Team_____________________________________________________

1. Have you ever had a concussion?___________, if yes, how many?___________

2. Have you ever experienced concussion symptoms?_____ Did you report them?_____

Emergency Contacts:

Name: ____________________________ Relationship: ________________________

Phone Number: __________________________

Name: ____________________________ Relationship: ________________________

Phone Number: __________________________

Please complete this form and return to the person operating the youth athletic activity.