



2016 BIG FOOT BALL AND GLOVE INC.



***No player will be allowed to participate in the Player Evaluation draft, Practices or Games without a completed and signed concussion form turned into BFBG.**

I, _____, (participant) acknowledge that I have to be an active participant in my own healthcare. As such, I have the direct responsibility for reporting all of my injuries and illnesses to the sports staff of my institution, also known as Big Foot Ball & Glove and its Coaching Staff. I recognize that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. I hereby affirm that I have fully disclosed in writing any prior medical conditions and will also disclose any future conditions to the Big Foot Ball & Glove league staff. I further understand that there is a possibility that participation in Big Foot Ball & Glove may result in a head injury and/or concussion. I have been provided with education on head injuries and understand the importance of immediately reporting symptoms of a head injury/concussion to my coaching staff or any board member within Big Foot Ball and Glove corporation.

By signing below, I acknowledge that Big Foot Ball & Glove has provided me with specific educational materials on what a concussion is.

I, _____ have read the above and agree that the statements are accurate.

Student-athlete's name

_____/_____/_____

Signature of student-athlete Date

_____/_____/_____

Signature of person consenting (parent/Guardian)