

PARENT & ATHLETE AGREEMENT
Big Foot Little Chiefs

Year: _____

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the “Participant and Parental Disclosure and Consent Document”.

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 and certify that you have read, understand, and agree to abide by all of the information contained in this sheet. You further certify that if you have not understood any information contained in this document, you have sought and received an explanation of the information prior to signing this statement.

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.

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

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

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

Athlete Signature _____ Date _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____