DEERFIELD COMMUNITY CENTER

Parent & Athlete Agreement

ATHLETE FULL NAME (PRINT) _____

SPORT / PROGRAM _____

As a parent/guardian and as an athlete, it is critical to recognize the signs, symptoms, and risks associated with concussions. By signing this agreement, you acknowledge that you have reviewed the concussion educational material and understand the importance of immediate reporting and proper medical response to suspected head injuries.

Parent / Guardian Agreement

REQUIRED SIGNATURE

- I have read the *CDC's webpage about concussions* and understand what a concussion is, how it may be caused, and its common signs, symptoms, and behaviors.
- I agree that my child must be immediately removed from practice or play if a concussion or head injury is suspected.
- I understand that it is my responsibility to seek appropriate medical evaluation and care if a suspected concussion is reported to me.
- I understand that my child cannot return to practice or play until providing written clearance from an appropriate licensed healthcare provider to their coach.
- I understand the serious potential health consequences of my child returning to physical activity too soon following a head injury.

Parent/Guardian Signature _____ Date (MM/DD/YYYY) _____

Athlete Agreement

REQUIRED SIGNATURE

- I have read the *CDC's webpage about concussions* and understand what a concussion is and how it can happen.
- I understand how important it is to immediately report any suspected concussion or symptoms to my coaches and my parents/guardian.
- I understand that I must stop practicing or playing right away if a concussion is suspected.
- I understand that I must provide written clearance from an appropriate medical professional to my coach before I am allowed to return to practice or play.
- I understand the risks of returning to sports too soon and that my brain requires proper time and rest to fully heal.

Athlete Signature _____ Date (MM/DD/YYYY) _____