



## 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. **This form must be completed prior to trying out or playing for the Green Bay Purple Aces.**

### 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 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 play until providing **written** clearance from an appropriate health care provider to her coach.

I understand the possible consequences of my child returning to 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 parent/guardian.

I understand that I must be removed from 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 play.

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

Athlete  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* PLEASE RETURN COMPLETED FORM AT TRYOUTS \***