



WS Basketball Club, Inc.

Parent & Athlete Acknowledgment Regarding Education and Reporting of Signs or Symptoms of Concussion

As a Parent/Guardian 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/Guardian Acknowledgement/Agreement

I, _____, the parent/guardian for the below named athlete, have read the provided fact sheet for parents regarding concussions 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 coach.

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

(Signature Parent/Guardian)

(Date)

Athlete Acknowledgement/Agreement

I, _____, a player with WS Basketball Club, Inc. have read the provided fact sheet for athletes regarding concussions and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coach(es) and my parent(s)/guardian(s).

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

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

(Signature Student/Athlete)

(Date)