

INFORMED CONSENT FORM

Name of Youth Athlete: _____

Name(s) of parents or legal guardians:

Address: _____

Athletic Activity or Sport: _____

Season/Year: _____

I. Consent of Parent/ Guardian

I, _____, as the parent/ legal guardian of _____ a participant in youth sports/ athletic activities, hereby acknowledge that I have been informed of the dangers of head injuries, the signs and symptoms of such injuries, and of proper injury prevention techniques and skills. I further acknowledge that I have been provided with specific information about such injuries and the procedures to be followed in the event that my child has been removed from play due to a suspected head injury or concussion and my responsibilities pertaining to a physician's evaluation and clearance prior to my child's returning to play following any such injury. I understand that this information is set out in the CDC CONCUSSION FACT Sheet at www.cdc.gov/headsup/pdfs/youthsports/parents_athlete_info_sheet.

Having been so informed I hereby give my consent to my child's participation in the athletic activities listed above and I agree to abide by all applicable rules and regulations concerning such athletic events and activities and the recommended procedures in the event that my child is suspected of having been injured, including all return-to- play requirements and procedures.

Parent/Legal Guardian Signature

Date: _____

II. Consent of Youth Athlete

I, _____, as a participant in youth sports/ athletic activities, hereby acknowledge that I have been informed of the dangers of head injuries, the signs and symptoms of such injuries, and of proper injury prevention techniques and skills. I have been provided with specific information about the procedures to be followed in the event that I am removed from play due to a suspected head injury or concussion and my responsibilities prior to returning to play following any such injury. I agree to abide by all applicable guidelines and the recommended procedures in the event that I am suspected of having been injured, including all return-to-play requirements and procedures.

Athlete's Signature

Date: _____