



PARENT & ATHLETE AGREEMENT

For Concussions, Head Injury and Sudden Cardiac Arrest Information

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions, and the nature and risks of Sudden Cardiac Arrest during youth athletic activities. 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, as well as those of a Sudden Cardiac Arrest (SCA).

Note: If your child athlete is under the age of 19, you MUST sign this agreement before your child will be allowed to participate in any hockey activities.

Parent Agreement:

I have read the Parent/Athlete Concussion and SCA Fact Sheets and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors of a concussion. Furthermore, I understand the risk and nature of a SCA during youth athletic activities I agree that my child must be removed from practice/play if the child sustains a concussion or if a concussion is suspected, or shows signs or symptoms of a SCA

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. or if my child shows symptoms of any heart disease that may lead to a Sudden Cardiac Arrest.

I understand that my child cannot return to practice or play until providing written clearance from an appropriate health care provider, signed by the coach and me as a parent, after being removed for a concussion.

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

Parent/Guardian

Signature: _____ Date: _____

Print Name: _____

Athlete Agreement:

I have read the Parent/Athlete Concussion and SCA Fact Sheets and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors of a concussion. Furthermore, I understand the risk and nature of a SCA during youth athletic activities. I agree that I will be removed from practice/play if I sustains a concussion or if a concussion is suspected, or shows signs or symptoms of a SCA

I understand the importance of reporting a suspected concussion or symptoms of a Sudden Cardiac Arrest to my coaches and my parents/guardian.

I understand that I cannot return to practice or play until providing written clearance from an appropriate healthcare provider, signed by the coach and a parent/guardian, after being removed for a concussion.

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

Athlete

Signature: _____ Date: _____

Print Name: _____



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