

Highlands Soccer Club

Statement Acknowledging Receipt of Concussion Information Form Parental disclosure and consent Document

I, _____ hereby acknowledge having received the Concussion Information Form on signs, symptoms and risks of sport related concussion. I also acknowledge my responsibility to report to my athletes Coach, Concussion Safety Coordinator any signs or symptoms of a concussion. I certify that I have read, understand and agree to abide by all the information contained in this document. I further certify that if I have not understood any information contained within this document, I have sought and received an explanation of the information prior to my signing this statement.

I, the parent/guardian of _____ hereby consent to participation in practices and competition with full understanding that my child may be removed from the game or practice if the team Coach, another Coach, Referee or the Concussion Safety Coordinator deems they may have suffered a concussion or are showing symptoms of a concussion at any time.

(Printed Name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)