



# **PARENT & ATHLETE AGREEMENT**

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**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.

**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 Fact Sheet 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 or play until providing written clearance from an appropriate health care provider to his/her coach.

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 Fact Sheet 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 parents/guardian.

I understand that I must be removed from practice or 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 practice or play.

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: \_\_\_\_\_