

LIABILITY WAIVER & PARENT CONCUSSION AGREEMENT FORM:

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. This form must be completed for every sports season and every youth athletic organization the athletes are involved with. All concussion safety information is posted on the Slinger SET website at www.w.sligerset.com. It is your responsibility as a parent to read this information carefully before signing this waiver.

PARENT AGREEMENT

I _____ have read the Concussion & Head Injury/Sudden Cardiac Arrest Information 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/her coach and to our department,

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