



# 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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