

Parent / Guardian (PRINT)





South Kitsap Eastern Little League P.O. Box 500, Port Orchard, WA 98366 www.skellbaseball.com

Please **sign and return** this page to your **Manager**. This will be retained by the League for the duration of the season and then shredded.

Keep the information sheet for yourself.

concussion information sheet with	egue, we feel the safety of our chiln your child, all levels from Tball to an safety. Please fill out the follow	Sen	iors, and explain					
Manager Name (Print clearly)		(Please circle the level of play for your child)						
Team Sponsor Name		ball	Coach Pitch	Minor	Major	Junior	Senio	
	of concussion and or teen and have ea				-		/ith	
I learned about con	cussion and talked with my p concussion or other se			out what	to do if	I have a	a	
Player Name (PRINT)	 Player Signature		<u> </u>	Date				

It's better to miss one game than the whole season.

Parent / Guardian Signature

Date

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.