

# Cascade Recreation Association

## Youth concussion Form

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the “Participant and Parental Disclosure and Consent Document”. In regard to Wisconsin law 118.293

Player Name: \_\_\_\_\_ Grade: \_\_\_\_\_ MALE/FEMALE<sub>(circle one)</sub>

### **Player**

I, \_\_\_\_\_, of Cascade Rec., hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/ guardian(s) any signs or symptoms of a concussion.

Player Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Player Signature: \_\_\_\_\_

### **Parent/Guardian**

I, \_\_\_\_\_, of the student athlete named, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion.

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_