



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF COLUMBIA-WILLAMETTE ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF CONCUSSION MATERIALS

In order to comply with Jenna's Law regarding the proper management of concussions, the YMCA provides guidelines and/or other materials designed to educate and inform all athletes under the age of 18 and their parents or legal guardians about the signs and symptoms of concussions and what to do if these sign or symptoms exist. Every year and prior to participation, every athlete under 18 **and** at least one of their parents or legal guardian must acknowledge receipt and review of the Parent/Athlete Concussion Information Sheet and/or any other information related to concussions. If athlete is under age 12, only the parent or legal guardian must acknowledge receipt and review of the guidelines and materials. Thank you!

Parent/Legal Guardian

I have received and reviewed the Parent/Athlete Concussion Information Sheet and/or other guidelines and materials regarding the signs and symptoms of a concussion. I agree that the YMCA must remove my child from practice or game play if a concussion is suspected and that it is my responsibility to seek medical attention if a suspected concussion is reported to me. I understand that my child cannot return to participation in any practice or game until I have obtained written clearance from an appropriate health care provider and provided it to the YMCA coach. I understand the consequences of returning my child to practice or game play too soon.

Parent/Legal Guardian Signature

Date

Printed Name

Athlete

I have received and reviewed the Parent/Athlete Concussion Information Sheet and/or other guidelines and materials regarding the signs and symptoms of a concussion. I understand that it is very important that I report immediately to my coaches and parents/legal guardian if I suspect that I may have a concussion. I understand that the YMCA must remove me from practice or game play if I have a suspected concussion. I understand that before I can return to practice or game play, I must provide written clearance from an appropriate health care provider to my coach. I understand that my brain needs time to heal from a concussion and the consequences of returning to practice and game play too soon.

Athlete's Signature

Date



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Printed Name