

HIGH SCHOOL FORM

HEADS UP: Concussion in High School Sports

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance; and their parent/guardians; must annually sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

I have received the information provided on the concussion information sheet titled, "HEADS UP: Concussion in High School Sports." (This information is included in the sports packet and located on the school's website)

Student's Signature

Date

Student's Printed Name

Parent's/Guardian's Signature

Date

Student's Grade Student's School

PARENT CONSENT: HIGH SCHOOL TRAVEL & MEDICAL TREATMENT

I hereby give my consent for my child to drive to and from games/meets/practices for the activities noted below and to take riders with them. I also give consent for my child to ride with other students/parents/coaches. I/we will not hold riders or drivers responsible for any damages. I further understand that any damage or injury resulting from the student's transportation to and from these practices/games/meets or other school activities shall be the student's and/ or parent/ guardian's responsibility and I will not hold the school district liable for any reimbursement for such damage or injury.

_____ I do give consent

_____ I do not give consent

Parent's Signature

Date

*Athletic Activities (check all that apply)

___ Football

___ Boys Basketball

___ Cheerleading

___ Girls Soccer

___ Volleyball

___ Girls Basketball

___ Softball

___ Boys Soccer

___ Track

___ Baseball

___ Other _____

PARENT AND STUDENT CONSENT: Sports Policy Rules Acknowledgement

We hereby acknowledge that we have read the "Sports Policy Rules" and agree to adhere to those regulations while participating in athletics. (This information is included in the sports packet and located on the school's website)

Parent's Signature

Date

Student's Signature

Date