



### WYSC's Concussion Agreement

*As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. 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 and have completed the required ImPACT Baseline test. This form must be on file for every player each year the athlete is involved with the club. The ImPACT Baseline test must be taken once a year for players 10-12 and every other year for players 13 and up.*

#### **Parent Agreement:**

*I \_\_\_\_\_ have read WYSC's concussion policy and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.*

*I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.*

*I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.*

*I understand the possible consequences of my child returning to practice/play too soon.*

*I understand it is required for every player 10 and up to have completed the ImPACT Baseline testing before my child begins play. My Child \_\_\_\_\_ was tested on \_\_\_\_\_ at \_\_\_\_\_.*

*Parent/Guardian*

*Signature \_\_\_\_\_ Date \_\_\_\_\_*