

## Detach and/or Return to Athletic Office

**Please check (√) that you have received a copy or read online and understand and agree to abide and comply to all terms of the 2015-16 DeForest High School Athletic / Activities Code of Conduct.**

DeForest High School Code of Conduct.

WIAA High School Athletic Eligibility Information Bulletin (Pages 17-23)

I certify that I have read, understand, and agree to abide by all of the information contained in this bulletin. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

**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”.**

**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 certify that you have read, understand, and agree to abide by all of the information contained in this sheet. You further certify that if you have not understood any information contained in this document, you have sought and received an explanation of the information prior to signing this statement.

**Parent Agreement:**

I have **read** the Parent Concussion and Head Injury Information 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.

**Athlete Agreement:**

I have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

**This form must be completed and submitted to the Athletic Director prior to a student being declared eligible to practice and compete.**