



PARENT & ATHLETE AGREEMENT

For Players 11 Years Old and Younger

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. **Note:** If your child athlete is under the age of 19, you **MUST** sign this agreement before your child will be allowed to participate in any hockey activities.

Parent Agreement:

I have read the Parent/Athlete Concussion Fact Sheet 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 or 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 or play too soon.

Parent/Guardian

Signature: _____

Date: _____

Print Name: _____

Athlete Agreement:

I have read or have had a parent/guardian read and explain to me the Parent/Athlete Concussion Fact Sheet 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 or 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 or play.

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

Athlete

Signature: _____

Date: _____

Print Name: _____