

Manitowoc County Youth Hockey Association

Concussion/Head Injury Acknowledgment Form

I, _____, have been provided and read the concussion and head injury information sheet. I understand that there is a risk of injury during athletic participation and I agree to disclose any signs and symptoms of a concussion to the coaching staff. I also understand that I will be removed from play to eliminate the risk of further injury and will not be able to resume participation until evaluated and cleared by a health care provider who has experience with evaluating and managing pediatric concussions and head injuries. I will provide written clearance on the health care provider's letterhead or prescription note allowing me to continue participation in the activity.

I understand that this is in accordance with the State of Wisconsin Youth Concussion Law.

Participant's Signature _____

Participant's Print Name _____

Parent/Guardian Signature (if participant is under 19) _____ Date _____