Concussion Awareness and Responsibilities

For each year of participation, and prior to a person under 18 years of age participating in any affiliated leagues, at least one parent or legal guardian must acknowledge the receipt of the guidelines and materials and must confirm the review of those guidelines and materials by:

a) The parent or legal guardian of the person; and b) If the person is 12 years of age or older, the person.

Before you will be allowed to participate in 2014, you and one of your parents or legal guardians must review the materials by selecting the links below and returning a completed Parent`s Liability Release and Acknowledgement of Concussion Guidelines and Materials:

CDC Parent/Athlete Concussion Information Sheet http://www.cdc.gov/concussion/headsup/pdf/Parent_Athlete_Info_Sheet-a.pdf

CDC Fact Sheet for Athletes http://www.cdc.gov/concussion/pdf/athletes_Eng.pdf

CDC Fact Sheet for Parents http://www.cdc.gov/concussion/pdf/parents_Eng.pdf

Acknowledgment of Concussion Guidelines and Materials
In accordance with Senate Bill 721 ("Jenna's Law"), new concussion training and procedural guidelines are now in effect for Oregon coaches, managers, referees, players under the age of 18 and their parents or legal guardians. For each year of participation, and prior to a player under the age of 18 participating, at least one parent or legal guardian must acknowledge receipt and review of the guidelines and materials related to concussions as described in the law. If the player is age 12 or older, the player must also acknowledge receipt and review of the guidelines and materials.

Please review and acknowledge receipt of the Parent/Athlete Concussion Information Sheet and/or any other related materials by signing below.

Together we can help ensure better outcomes for athletes who sustain concussions.

Parent/Guardian: I have received and reviewed the guidelines and materials regarding the warning signs of a concussion. I agree that my child must be removed from practice/play if a concussion is suspected and 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 coach or team manager and I understand the possible consequences of my child returning to practice/play too soon.

Parent's/Guardian's Printed Name _____

Relationship to Athlete Parent's/Guardian's Date of Birth* _____

Parent's/Guardian's Preferred Contact (email/telephone) _____

Parent's/Guardian's Signature _____

Date _____

Player: I have received and reviewed the guidelines and materials regarding the warning signs of a concussion. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian and 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 or team manager before returning to practice/play and I understand the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

Player's Printed Name _____

Player's Date of Birth _____

Player's Email _____

Player's Signature _____

Date _____