



Junior All American Football of Southern California Conference Concussion Instruction-Policy-Procedure-Parents

Season_____

Chapter_____ Division_____ Team Name_____

I/We the undersigned certify that I/We have read and understand the JAAFSC/ Chapter rules of the Concussion Instruction-Policy-Procedure .We have been given a written/emailed copy of this policy and Parent Information Fact Sheet and are in compliance with **J.A.A.F.S.C.** Conference requirements and that in executing this agreement, I/We agree to comply with the said instruction-policy-procedure.

PLAYER	PARENT	PHONE	SIGNATURE

At least one parent representing each player/cheerleader must sign this agreement.