

Chippewa Valley Raptors Fastpitch Travel Ball
Parent/Guardian & Player Concussion Agreement



Note: If player is under the age of 19, this form must be signed before player can participate in any softball activities including practice and team building events.

As a Parent/Guardian and as a Player it is important to recognize the signs, symptoms, and behaviors of concussions.

Please Read the Following, then Sign the Agreements below:

(Links Below or sheets can be found on www.chippewavalleyraptors.com under Forms/Handouts)

[Player Concussion Fact Sheet](#)

[Parent/Guardian Concussion Fact Sheet](#)

[Facts about Concussion and Brain Injury Sheet](#)

.PARENT/GUARDIAN AGREEMENT:

- I have read the U.S. Department of Health and Human Services – CDC Parent/Guardian Concussion Fact Sheet along with the Facts about Concussion and Brain Injury 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 her coach.
- I understand the possible consequences of my child returning to practice or play too soon.

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.

PARENT/GUARDIAN PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PLAYER AGREEMENT:

- I have read the U.S. Department of Health and Human Services – CDC Player Concussion Fact Sheet along with the Facts about Concussion and Brain Injury, 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.

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.

PLAYER PRINTED NAME: _____

PLAYER SIGNATURE: _____ **DATE:** _____