Injury and Concussion Protocol Consent Form

Participant Information

Full Name	
Date of Birth	
Descrit(Overalism Nemes (if under 40)	J
Parent/Guardian Name (if under 18)	
Email	
Concussion Protocol Policy	
☐ I have read and understand the injury and concussion protocol described above.	
Emergency Contact	
Name	
Phone	_
Relationship	
Participant Signature	\neg
Date	

Parent/Guardian Signature (if under 18)						
Date						