

Concussion Disclosure & Consent

Nonprofit Sports Camp

In compliance with current sports safety laws and in the interest of participant well-being, this form serves as disclosure and confirmation of your awareness regarding concussions and head injuries. Please review the information below, acknowledge your understanding, and provide consent for your child's participation.

Concussion Information

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Concussions can have serious short- and long-term health effects.

- Possible signs and symptoms include headache, confusion, dizziness, nausea, and memory loss.
- It is important to report all concussions to a coach, trainer, or staff immediately.
- Participants should not return to sports activities until evaluated and cleared by a qualified medical professional.

Acknowledgement

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I have read and understand the information provided about concussions.

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I agree to instruct my child to report any suspected concussion and to follow all camp safety protocols.

Participant Information

Participant Name:

Parent/Guardian Name:

Email Address:

Date:

Signature

Parent/Guardian Signature: