

WE, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE CONTENTS OF THE EXTRA-CURRICULAR HANDBOOK.

Athlete/Participant Signature: \* \_\_\_\_\_

Print Student's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Solon Springs Middle/High School

**Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of a concussion to be included as part of the "Participant and Parental Disclosure and Consent Document".**

I, \_\_\_\_\_, of Solon Springs Middle/High School  
*Student/Athlete Name*

hereby acknowledge having received education about the signs, symptoms, and risks of sport-related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

\_\_\_\_\_  
*signature and printed name of student/athlete*

\_\_\_\_\_  
*Date*

I, the parent/guardian of the student-athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport-related concussion. . I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

\_\_\_\_\_  
*signature and printed name of parent/guardian*

\_\_\_\_\_  
*Date*