

## Lake Shore Region Parent and Athlete Agreement

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** 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.

**Note:** If your child athlete is under the age of 19, you **MUST** sign this agreement before your child will be allowed to participate in any Lake Shore Region or local pony club horse handling and riding activities.

### Parent Agreement:

I have read the Parent/Athlete Concussion Fact Sheet 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 his/her coach or DC.

I understand the possible consequences of my child returning to practice or play too soon.

#### Parent/Guardian

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

Print Name: \_\_\_\_\_

### Athlete Agreement:

I have read the Parent/Athlete Concussion Fact Sheet and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches/DC 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/DC 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.

#### Athlete

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

Print Name: \_\_\_\_\_