

## Parent and Athlete Understanding and Agreement

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**Athlete's Name**


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**Team ( Level, Association, and Team name)**


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**Parent's Phone #**


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**Parent's E-mail**


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**Date of Birth**


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**Family Physician**

Please have both parent and athlete initial the following to ensure your understanding.

\_\_\_\_\_ A concussion is a brain injury, which I am responsible for reporting to my team trainer/ physician, my coach and/or my parents.

\_\_\_\_\_ A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep and classroom performance.

\_\_\_\_\_ I cannot see a concussion, but I might notice symptoms right away. Other symptoms may show up hours or days after injury.

\_\_\_\_\_ If I suspect a teammate has a concussion, I will report it to my team trainer or coach.

\_\_\_\_\_ I will not return to play in a game or practice if I have received a hit to the head or body that makes me experience any of the signs or symptoms of a concussion.

\_\_\_\_\_ A concussion can occur at any time. I understand that I do not have to get "knocked-out" to have a concussion and that "getting dinged" can be just as serious.

\_\_\_\_\_ Following a concussion the brain needs time to heal. I understand that I am much more likely to have another concussion if I go back to play before my symptoms are gone.

\_\_\_\_\_ In rare cases, repeat concussions can cause permanent brain damage, and even death.

I have read the entire Concussion information package including the "Concussion Management Program", the "Concussion Information Sheet" and the "Parent and Athlete Understanding and Agreement".

I give Competitive Edge permission to conduct baseline concussion testing. In the event of a concussion I will comply with the return to play process as directed to do so by Competitive Edge Sport Therapy.

I give Competitive Edge permission to inform my family doctor that I have had baseline testing done.

In the event of an injury I give Competitive Edge permission to discuss my injury with my coaching staff, team manager, and the team's designated medical professional as necessary. I consent to the disclosure of this medical information to the above-mentioned individuals via online injury report. I understand that I can revoke this permission at any time.

I consent to receiving email communication from Competitive Edge in the following manner (Select those you consent to)

- Email communication pertaining to the athlete enrolled in the Concussion Management Program
- Email communication pertaining to Competitive Edge Sport Therapy and Concussion Management.

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**Athlete's Printed Name**


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**Date**


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**Parent's Printed Name**


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**Date**


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**Athlete's Signature**


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**Date**


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**Parent's Signature**


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**Date**
