

PARENT & 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.

Parent Agreement:

I have **read** the Parent Concussion and Head Injury Information 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/play until providing written clearance from an appropriate health care provider to his/her coach.

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

In consideration of my child's participation in Athens Youth Wrestling, I hereby waive and release any and all claims against the Athens Youth Wrestling Club, Athens School District, volunteers, coaches, parents, organizers, and representatives for any and all injuries or other damage arising out of or connected to the participation in Athens Youth Wrestling. I authorize the coaches and representatives of Athens Youth Wrestling program to act for me according to their best judgment regarding medical attention if needed.

Wrestler's Name: _____

Please list any medical/physical concerns your child has:

Parent/Guardian

Signature _____ **Date** _____

Please complete this form and return the Athens Youth Wrestling Club Secretary – Ryan Frahm (info@AthensWrestling.com) .