

ATHLETIC PERMISSION SLIPS TO PARTICIPATE IN:

Name of Sport

I have read the following two (2) documents and understand what is expected of team members:

1. The Informational Letter to Parents and Participants
2. The Asa Clark Athletic Handbook

Athlete's Signature

grade

date

Parent's Signature

date

Concussion / Head Injury Acknowledgment Asa Clark Middle School

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

I, _____, of Pewaukee Public Schools,
Student/Athlete Name – PRINT 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.

signature of 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.

printed name of parent/guardian

signature of parent/guardian

date