



Concussion Policy Disclaimer

All StarSkaters must

- Read the Club Concussion Policy (posted on the Georgetown Skating Club website).
- Read this disclaimer form.
- Complete and sign the disclaimer
- Understand that they will not be able to participate without the completed form.

Parent/Guardians must Sign the waiver if the participant is under 18 years of age at the time of the registration.

Parent/Guardian Agreement:

I _____

have read the Club Concussion Policy 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/event 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/event 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/event too soon.

Parent/Guardian Signature: _____ Date: _____

Athlete Agreement:

I _____

Have read the Club Concussion Policy and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parent/guardian. I understand that I must be removed from practice/competition if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/event. I understand the possible consequent of returning to practice/event too soon and that my brain needs time to heal.

Athlete Signature: _____ Date: _____