



Concussion Acknowledgement Consent Form

I, _____ a student-athlete at Cornerstone Christian School, have been presented with information about concussions including signs and symptoms.

I understand that an element of risk is present that could result in brain trauma. I accept the responsibility for reporting any incident or signs and symptoms of a concussion to the Cornerstone Christian School Athletic staff.

Failure to report signs and symptoms of a concussion to the Athletic staff can be detrimental to my health and cause further brain trauma or even death.

I hereby give my consent to practice and play in intercollegiate athletic events knowing the risks and accepting the responsibilities stated above.

PRINTED NAME of STUDENT-ATHLETE

X

SIGNATURE of STUDENT-ATHLETE

X

SIGNATURE of PARENT-GUARDIAN