



STEVENS POINT AREA YMCA
1000 Division Street
Stevens Point, WI 54481
www.spymca.org

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.

Parent/Guardian Signature _____ Date _____

ATHLETE AGREEMENT

I _____ have read the Athlete Concussion and Head Injury Information 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 parents/guardian.

I understand that I must be removed from practice/play 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/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____



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QUESTIONS AND CONTACT INFORMATION

Name _____ Date _____
Address _____
City _____ Zip _____ County _____
Phone _____ E-mail _____
Age _____ School _____ School District _____

Check all that apply. I participate in:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis | <input type="checkbox"/> Swimming & Diving | |
| <input type="checkbox"/> Other _____ | | | |

Name of Current Team _____

1. Have you ever had a concussion? Yes No If yes, how many? _____
2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts

Name _____ Relationship _____
Phone Number _____

Name _____ Relationship _____
Phone Number _____

Please complete this form and return to the person operating the youth athletic activity.



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YOUTH ATHLETIC ACTIVITY HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

Caution: READ CAREFULLY BEFORE SIGNING

I hereby certify that I am an authorized representative of _____ (hereinafter, "my group or organization"). I further certify and represent that I have on file a concussion and head injury information sheet, within the meaning of Sec. 118.293(3) of the Wisconsin Statutes, signed by each participant from my age group or organization, and, if that participant is under the age of 19, also signed by the participant's parent or guardian. I will not allow any person from my group or organization to participate in youth athletic activity unless I have a current concussion and head injury information sheet signed by that participant, and, if that participant is under the age of 19, signed by the participant's parent or guardian. I agree to indemnify and hold harmless the Stevens Point Area YMCA and its respective agents, servants, officers, directors, employees, volunteers, and their successors and assigns, from any and all liability arising from Section 118.293 of the Wisconsin Statutes in connection with the participant's from my group or organization in this youth athletic activity.

Signed _____ Dated _____

Printed Name and Title



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COACHES AGREEMENT

As a Coach 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 concussions and head injuries per the guidelines set forth by the Department of Public Instruction and Statute 118.293.

Coaches Agreement

I _____ have read the Coaches Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate health care provider.

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

Coach Signature _____ Date _____

Sport _____

School/District _____

Team/League _____

Age Level _____



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COACHES QUESTIONS

Name _____

Date _____

Address _____

City _____ Zip _____

County _____ Phone _____

Email _____

Name of Current Team _____

School District _____

Select League/Youth League Name _____

1. Have you had any concussion training? Yes No

When/Where? _____

2. Are there athletic trainers present at practices and games? _____

