



CONCUSSION STATEMENT FORM

Concussion rules as follows:

1. An athletic (Player or Cheerleader) who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the activity for the remainder of the day, and shall not be permitted to return to the activity until he or she is evaluated by a licensed health care provider, trained in the management of concussion, acting within the scope of his or her practice. The athlete shall not be permitted to return to the activity until he or she receives written clearance to return to the activity from a licensed healthcare provider.
2. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the athlete and the athlete's parent or guardian prior to the athlete's initiating practice or competition.

Parents/Guardians and athletes participating in the youth tackle football and cheer program shall answer the following questions each season as part of the CVYFL registration process.

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| 1. Have you ever had a head injury or concussion diagnosed by a Medical Doctor? | YES / NO |
| 2. Have you ever become knocked out, unconscious, or lost your memory? | YES / NO |
| 3. Have you ever had a seizure? | YES / NO |
| 4. Do you have frequent or severe headaches? | YES / NO |
| 5. Have you ever had numbness / tingling in your arms, hands, legs, or feet ? | YES / NO |
| 6. Have you ever had a stinger on a pinched nerve? | YES / NO |

If "YES" to any of the above questions, have you been medically cleared to Participated by a licensed healthcare provider with a current year sports physical?

I hereby state that to the best of my knowledge, my answers to all the above questions are correct and complete. I take full responsibility for any incorrect answers.

Athletes Name (Print)

Signature

Parent / Guardian (Print)

Signature

Date _____