



Lady Blackhawks Youth Basketball



Concussion Waiver Form

Statement of Student Athlete Responsibility

- I accept responsibility for reporting all injuries and illnesses to (School/Organization/Institution) Medical Staff (athletic trainers and team physicians) including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion.
- I will inform the supervising athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms.
- I have received and reviewed the WIAA concussion fact sheet.

Signature of Student Athlete: _____

Printed Name: _____

Date: _____

Signature of Student Athlete's Parent: _____

Printed Name: _____

Date: _____