

Acknowledgement of Receipt of Concussion Protocol Information

I Hereby acknowledge I have received the Gridiron Youth Football and Valley Thunder Parent Concussion information. With my Signature, I hereby acknowledge that I have read the containing information and understand the recommended protocols and CDC recommendation for Post-Concussion care of my athlete.

Parents Name 1 (Print) _____

Parent Name 2 (Print)_____

Parent Signature (1) _____

Parent Signature (2)_____

On behalf of:

Player Name:_____ Date of Birth:_____