

ACKNOWLEDGMENT OF CONCUSSION GUIDELINES AND MATERIALS

This form must be completed annually and submitted to Lake Oswego Little League as part of the registration process.

In accordance with Senate Bill 721 ("Jenna's Law"), new concussion training and procedural guidelines are now in effect for Oregon coaches, managers, referees, players under the age of 18 and their parents or legal guardians. For each year of participation, and prior to a player under the age of 18 participating, at least one parent or legal guardian must acknowledge receipt and review of the guidelines and materials related to concussions as described in the law. If the player is age 12 or older, the player must also acknowledge receipt and review of the guidelines and materials.

Please review and acknowledge receipt of the Parent/Athlete Concussion Information Sheet and/or any other related materials by signing below. Together we can help ensure better outcomes for athletes who sustain concussions.

Parent/Guardian

I have received and reviewed the guidelines and materials regarding the warning signs of a concussion. I agree that my child must be removed from practice/play if a concussion is suspected and 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 or team manager and I understand the possible consequences of my child returning to practice/play too soon.

Player

I have received and reviewed the guidelines and materials regarding the warning signs of a concussion. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian and 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 or team manager before returning to practice/play and I understand the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

Parent's/Guardian's Printed Name

Player's Printed Name

Relationship to Athlete

Parent's/Guardian's Date of Birth*

Player's Date of Birth

Parent's/Guardian's Preferred Contact (email/telephone)

Player's Email (if applicable)

Parent's/Guardian's Signature

Player's Signature

Date

Date

