



ACKNOWLEDGMENT (2011)

(Concussion Fact Sheet – Athlete/Parent)

The undersigned hereby acknowledge receipt and review of the following information made available by the U. S. Department of Health and Human Services, Centers for Disease Control and Prevention: (Please check all that apply)

- Heads Up: Concussion in Youth Sports – A Fact Sheet for Athletes*
- Heads Up: Concussion in Youth Sports – A Fact Sheet for Parents*
- Heads Up: Concussion in Youth Sports – A Quiz for Coaches, Athletes, and Parents*

(For more information about concussions visit <http://www.cdc.gov/concussion/HeadsUp/youth.html>)

I am/my child is an athlete in the following Jarrettsville Recreation Council Program(s):

Athlete:

Printed Name: _____

Signature: _____

Date: _____

Parent/Guardian:

Printed Name: _____

Signature: _____

Date: _____