

CONCUSSION/HEAD INJURY AND SUDDEN CARDIAC ARREST ACKNOWLEDGEMENT

The purpose of the Acknowledgement form is to confirm that you have read and understand the information provided to you by North County Lacrosse, related to potential Concussion/Head Injury and Sudden Cardiac Arrest (SCA) occurring during participation in athletic programs.

I, _____ as a participant,

And I _____ as the parent / legal guardian of the above, have read and understand the information material provided to us related to Concussion / Head Injury and Sudden Cardiac Arrest (SCA) during participation in athletic programs and understand its contents and warnings.

Signature of Student / Athlete

Date

Signature of Parent / Legal Guardian

Date

We were provided a copy of the *Information Sheet for Parents/Legal Guardians and Athletes: Concussion/Head Injury and Sudden Cardiac Arrest (SCA)*.

Reference: SB 5083
HB 1824 (RCW 28A.600 & RCS 4.24.660)

1/2016