



Acknowledgement of Receipt of Concussion Education Materials

This form is for the parent/legal guardian(s) and **all** students planning to participate in a VHSL sport at one of the two Isle of Wight County Public High Schools. By signing this form you are ensuring that you have received, reviewed, and understand the concussion materials which have been provided by Isle of Wight County Public Schools.

I am aware of the degree and seriousness of the risk that is associated with concussions that is present with participation in sports.

Please print clearly.

Student Name _____

DOB _____

School _____

Sport (s) _____

Grade _____

Parent/Legal Guardian's Printed Name _____

Parent's Signature _____ Date _____

Student's Signature _____ Date _____

Please return this form to your student-athlete's **athletic director or coach**. The student-athlete **WILL NOT** be allowed to participate in tryouts/practices and/or games/scrimmages until this form is received by the athletic director or coach and filled out in its entirety.