



BOYS & GIRLS CLUB

2026



BOYS & GIRLS CLUB  
CHEERLEADING  
REGISTRATION FORM

To complete the 2026 Boys & Girls Club Youth Football Cheerleading Registration you will need the following:

1. Boys & Girls Club Membership form completed and your \$40 fee paid
2. Cheer Registration form completed and \$30 Cheerleading fee paid
3. A sports physical dated no older than November 1, 2025- we can make a copy, and you can keep your original for school or other sports use.
4. **For the Watauga League membership eligibility**  
A Photo ID issued by the Tennessee Department of Transportation Cost is \$5 and required by the Watauga League for all teams/players. This will take care of all concerns for age eligibility for all players.
5. Watauga League participation forms filled out in full
6. All of these steps **MUST** be completed before you can play in our league.

For the 2026 Season - We will be playing in the Watauga Jr. Athletic Football League and we will play teams from Bristol, Johnson City, Elizabethton, Kingsport, Jonesborough and the surrounding area. This will allow us to play several different opponents this season. We will also be playing with the following age groups this season and it should improve overall player safety and provide more playing opportunities for our participants.

- 5 & 6 years old division - cannot turn 7 years old before July 31, 2026
- 7 & 8 years old division - cannot turn 9 years old before July 31, 2026
- 9 & 10 years old division - cannot turn 11 years old before July 31, 2026

We will be charging admission for all games to help pay for the referees, equipment, insurance and league activities. It most likely will be \$5 for adults and \$1 for children. Players and coaches will get in for free.

Practices will start on July 20, 2026\* and mostly will be on Monday, Tuesday & Thursdays  
Practice times to be set by individual cheerleading teams

Games will start on or after August 8, 2026\*. Locally games will be played at South Greene High School and Greeneville High School unless an additional county based team is added for the 2025 season or we have a field conflict with a school activity

Each team will probably play close to 1/2 of their games locally and the remaining games will be played at one of the cities listed above. Games are usually played at a local school football field.

*\*League has not set 2026 schedule will be late July- dates based on previous year start dates*

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Team cheered for in 2025 \_\_\_\_\_ or new to league circle one: **Yes** or **No**

Team preferred to play for in 2026 - circle one: South Greene Greeneville Other Age group 5-6 7-8 9-10

Grade \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

Parents Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Cell phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Cheer Fee \$30 per child and \$40 Registration fee if not already a 2026 member of the Boys & Girls Club For a grand total of \$70 for the 2026 season. Must be paid before you can practice or play with a team.**

Shirt Size (Mark One) Youth 10-12\_\_14-16\_\_ Adult S\_\_M\_\_LG\_\_XL\_\_XXL\_\_

Continued on the back of this page →



I understand that my participation in activities such as the Boys & Girls Club Youth Football League as a cheerleader involves risks and dangers of injury. My parents/guardian, if I am a minor, hereby release, hold harmless, discharge and agree not to sue the Boys & Girls Club, its club/directors, officers, employees, officials, sponsors and owners/lessors of premises practiced or played on for any liability from my participation in these social and recreational activities held for on behalf of the Boys & Girls Club and the Watauga Jr. Athletic League.



Current CDC guidelines must be followed if your child or anybody in your child's household contracts COVID-19 while participating in our football league. The Boys & Girls Club reserves the right to shut down practices or games at any time due to a COVID-19 outbreak or natural disaster. Instances that could lead to a closure are: reinstatement of a stay-at-home order, a spike in COVID-19 cases in Greene County, direction from the Town of Greeneville or the belief that we have an outbreak. My child plays at his/her own risk and I acknowledge accepting this risk as their parent/guardian.

I the undersigned understand and agree to the above statement.

**Parents and participant - Please sign below.**

Applicant signature \_\_\_\_\_ Parent /Guardian \_\_\_\_\_

Date \_\_\_\_\_, 2026

Date \_\_\_\_\_, 2026

**You may drop off the form and payment at The Boys & Girls Club located at 740 West Church Street next to the Greene County Health Department.**

**For more information-Scott Bullington or Peyton Malone at 7879322 or Jennifer Wilder at 787-9334.**

**\*\*\*Return entry form and have \$ 70 player & membership fee in by July 1, 2026. \*\*\***

**\*\*\* Cheer Squads may fill up prior to July 1, 2026- spots are first come, first served**

***After July 1, 2026 - a \$20 Late Registration fee will be charged if spots remain***

[Make checks payable to the Boys & Girls Club with form]

mail to: Boys & Girls Club PO Box 1977, Greeneville, TN 37744-1977

Or Drop off at Boys & Girls Club, 740 West Church Street, Greeneville, TN 37745

**\* This form must be turned in with the Watauga League Forms that can be found on our website at [www.ggcbgc.org](http://www.ggcbgc.org) under the football forms tab**



To get information on the football league or other Boys & Girls Club activities like us on Facebook

[www.facebook.com/BGCGreeneville](http://www.facebook.com/BGCGreeneville)



Follow us on Twitter [www.twitter.com/BGC\\_Greeneville](http://www.twitter.com/BGC_Greeneville)



Follow us on Pinterest [www.pinterest.com/bgcgreeneville](http://www.pinterest.com/bgcgreeneville)



Follow us on Instagram [www.Instagram.com/bgc\\_greeneville](http://www.Instagram.com/bgc_greeneville)

or visit or Club's website at [www.ggcbgc.org](http://www.ggcbgc.org)



**GREAT FUTURES START HERE.**

**2026 Football Season**  
Watauga Jr. Athletic League  
Participant Registration Form

Registration Fee Paid: \$_____ ( ) Cash ( ) Check # _____
Photo ID ( ) Physical ( )

Association: \_\_\_\_\_ Season: \_\_\_\_\_

Participating in: ( ) Football ( ) Cheerleading \*Cutoff Date is July 31st for All Divisions

**Division:**

- |                              |   |
|------------------------------|---|
| ( ) Mitey Mite 5-6 Yr. Old   | Up to 65 lbs. Any Position--Up to 110 lbs. Off/Def Line Only  |
| ( ) Grasscutter 7-8 Yr. Old  | Up to 95 lbs. Any Position--Up to 130 lbs. Off/Def Line Only  |
| ( ) Jr. Pee Wee 9-10 Yr. Old | Up to 115 lbs. Any Position--Up to 150 lbs. Off/Def Line Only |
| ( ) Pee Wee 11-12 Yr. Old    | Up to 140 lbs. Any Position--Up to 185 lbs. Off/Def Line Only |
- \*\*Unlimited Weight for Offensive Line Only\*\*

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_

Approx Weight: \_\_\_\_\_ lbs. Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

<p>Parental Consent: I, Being the true and legal guardian of the above participant, give my permission to participate in all activities of the Watauga Jr. Athletic League and its Associations. I hereby agree to release the league and its associations, members, officers, coaches, sponsors, and associated school boards of any liability from injuries that may occur while participating in league activities. In the event of parental absence, I do hereby authorize WJAL and its associations to act as my child's agent to obtain prompt medical treatment. I also agree to abide by the rules, regulations, and decisions of WJAL including the Parent/Coach Code of Conduct.</p> <p>Parent/Legal Guardian Signature _____ Date _____</p>
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# Keep Their Heart in the Game

## A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

### How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

### Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

**FAINTING  
is the  
#1 SYMPTOM  
OF A HEART CONDITION**

### What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

### What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



## The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

### Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.  
Gasping, gurgling, snorting, moaning or labored breathing noises.  
Seizure-like activity.

### Early Access to 9-1-1



Confirm unresponsiveness.  
Call 9-1-1 and follow emergency dispatcher's instructions.  
Call any on-site Emergency Responders.

### Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

### Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

### Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

# Keep Their Heart in the Game

## Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

### Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

### Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

### What are we doing to help protect student athletes?

The California Interscholastic Federation amended its bylaws to include SCA prevention language. Likewise, the State of California passed the Eric Paredes Sudden Cardiac Arrest Prevention Act to further protect a larger array of students athletes in grades K-12. New policy adds SCA training to coach certification, and new protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians, caregivers and adults involved in athletic activities are urged to dialogue with student-athletes about their heart health and be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new protocol to incorporate SCA prevention strategies into my/my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

### For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation  
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation  
<http://www.epsavealife.org>

National Federation of High Schools  
(20-minute training video)  
<https://nfhslearn.com/courses/61032>



## 2026 Watauga League Football Season

### Watauga Jr. Athletic League

## Parent / Coach Code of Conduct

### Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

### **I therefore agree:**

1. I will not force my child/athlete to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will learn the rules of the game and the policies of the league.
4. I (and my guests) will be a positive role model for my child/athlete and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
5. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
6. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
7. I will teach my child/athlete to play by the rules and to resolve conflicts without resorting to hostility or violence.
8. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
9. I will teach my child/athlete that doing one's best is more important than winning, so that he/she will never feel defeated by the outcome of a game or his/her performance.
10. I will praise my child/athlete for competing fairly and trying hard, and make my child feel like a winner every time.
11. I will never ridicule my child/athlete or other participant for making a mistake or losing a competition.
12. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
13. I will respect the officials and their authority during games and will never question, discuss, or confront officials/coaches at the game field, and will take time to speak with coaches/league commissioner at an agreed upon time and place.
14. I will demand a sports environment for my child/athlete that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by official, head coach, and/or league commissioner/officer
- Parental game suspension with written documentation of incident kept on file by league
- Game forfeit through the league
- Parental season suspension

Parent/Guardian/Coach signature \_\_\_\_\_ Date \_\_\_\_\_, 2026

2026 Watauga League Football Season

Today's Date: \_\_\_ / \_\_\_ / 2026

Football or Cheer \_\_\_\_\_

Watauga Jr. Athletic League Mandatory Physical Exam Form

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Team Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Please list any known medical conditions of this child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all required immunizations current and up to date? Yes \_\_\_ No \_\_\_ Not Sure \_\_\_

Does this child take any medications? Yes \_\_\_ No \_\_\_ If yes please list:

\_\_\_\_\_  
\_\_\_\_\_

Does this child have any know allergies? Yes \_\_\_ No \_\_\_ If yes please list:

\_\_\_\_\_  
\_\_\_\_\_

Does this child have known blood pressure or heart problems? Yes \_\_\_ No \_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

Physical Examination – To be done by a licensed physician

	Normal	Abnormal (describe)
Eyes	_____	_____
Ears, Nose, Throat	_____	_____
Cardiovascular	_____	_____
Lungs	_____	_____
Abdomen	_____	_____
Genitalia (males only)	_____	_____
Musculoskeletal – Neck, Spine	_____	_____
Upper & lower extremities	_____	_____
Shoulders & hips	_____	_____
Neurological	_____	_____
Skin	_____	_____

Based on this history and physical exam, the following abnormalities were found and may need treatment:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ There is no history or physical findings which would prohibit this child from participating in athletic activity.

\_\_\_ This child has health problems that would prohibit participation in athletic activity.

Physicians Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2026

# Concussion INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



**Plan ahead.** What do you want your child or teen to know about concussion?

## How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to or after* a hit or fall

### Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



### CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

### What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

### What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)



**Children and teens** who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

### Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_

# 2026 Watauga League Football Season

## Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

After reading the information sheet, I am aware of the following information:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow, or jolt to the head or body, an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting, or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems, and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

\* *Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal guardian

\_\_\_\_\_  
Date