



West Clermont Soccer Club Concussion Acknowledgement

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.

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.

By signing below, I certify that I have received Concussion Information from my organization. If I have further questions regarding concussions, I will contact my league representative or review the information provided by the CDC at [cdc.gov/headsup](https://www.cdc.gov/headsup/). I understand that if my child is removed from a game due to suspected concussion, I must have a signed note by an MD or DO stating they can return to play before my coach is permitted to allow them to practice or play in games. If my child is found to have a concussion, I will follow direction from medical professions and the West Clermont Soccer Club Board for their return to play.

I _____(player name printed) have learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Date: _____

Athlete's Signature: _____

I _____(parent name printed) have read the 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.

Date: _____

Parent or Legal Guardian's Signature: _____