

Acknowledgment of Receipt of Concussion Information Sheet

Pursuant to your state law, a concussion and head injury information sheet shall be given by each youth sports organization offering an athletic program to each athlete in that program. The information sheet shall be signed and returned by the athlete and, if the athlete is 17 years of age or younger, shall also be signed by the athlete's parent or guardian before the athlete initiates practice or competition. The USA Swimming Concussion Information Sheet (three pages) is attached to this acknowledgment.

Please note, the information contained in the Swimming Concussion Information Sheet and this Acknowledgment is not medical advice and is no substitute for it.

I hereby acknowledge that I have received the USA Swimming Concussion Information Sheet (three pages) from JACKSON SWIM TEAM.

(Name of USA Swimming Team).

I have read and understand its contents.

I also acknowledge that if I have any questions regarding the signs or symptoms of a concussion or other head injuries, the need to seek medical attention and the protocol for returning to daily activities, school and the swimming pool, I will consult with a licensed health care provider.

_____	_____	_____
Athlete's Name	Athlete's Signature	Date

_____	_____	_____
Parent or Guardian's Name	Parent or Guardian's Signature	Date

This signed acknowledgment may be returned through an electronic medium, including but not limited to, fax or electronic mail. Please check with your USA Swimming Team representatives regarding contact information.