

**Vienna Youth Soccer, Inc.**

Concussion Policy, Educational Information and Awareness Acknowledgement Form

***Parents/Players - please provide a signed copy of this form to your coach at the first practice/game***

Youth Athlete Name (Please Print):

I, the parent or legal guardian of the above named youth athlete, have received and read the Parent Information Fact Sheet and the VYS Concussion Policy. I understand the nature and risk of concussion and head injury to players including the risks of continuing to play after a concussion or head injury.

Signature of Parent or Legal Guardian:

Date:

Parent or Legal Guardian Printed Name:

I am a youth athlete participating in the sport of soccer with Vienna Youth Soccer. I have received and read the Student Athlete Information Fact Sheet. I understand the nature and risk of concussion and head injury to youth athletes including the risks of continuing to play after a concussion or head injury.

Signature\* of Youth Athlete:

Date:

Youth Athlete Printed Name:

*\*Only required for youth athletes age 8 and older*