**Clinton Summer Baseball**

**Concussion Policy Acknowledgment Form**

I, the undersigned, acknowledge that I have received, read, and understand the recently signed state law regarding concussions. I have also been made aware of what the policies and procedures are if a concussion is suspected, or confirmed by a medical professional, and what steps are required in order for an athlete to return.

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_/\_\_\_\_\_/2012