



**Arizona Region of USA Volleyball
Mild Traumatic Brain Injury (MTBI) / Concussion
2014-2015 Statement and Acknowledgement Form**



I, _____ (athlete), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the organization's staff (e.g., coaches or athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- * My annual membership registration is not complete and I will not be put on a roster for participation in the Arizona Region of USA Volleyball until this signed form is on file with the Arizona Region office.
- * My organization has provided me with the CDC Concussion Fact Sheet on the definition of a concussion, the signs and symptoms of a concussion and what to do if I suspect I have a concussion. Each Fact Sheet is specific to Parents and to Players.
- * I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEETS for Parents and for Players.

For more education on concussions I can go to: <http://www.cdc.gov/concussion/HeadsUp/youth.html>
 A free Online Training Course by the CDC can be found at http://www.cdc.gov/concussion/HeadsUp/online_training.html
 A free 20 minute concussion education course can be taken at <http://nfhslearn.com/electiveDetail.aspx?courseID=15000>

FURTHERMORE:

- * I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- * There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- * A concussion is a brain injury, which I am responsible for reporting to the team physician, athletic trainer, coach, parent volunteer, or official.
- * A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- * Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- * If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.
- * I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- * I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- * Following a concussion the brain needs time to heal. I understand that I am much more likely to have a repeat concussion or further damage if I return to play before the symptoms have resolved.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document. (Both student athlete and parent/legal guardian must sign – please use black or blue ink only)

For identification purposes only please indicate the athlete's Date of Birth _____

For record retention purposes please indicate the athlete's anticipated HS Graduation year _____

Student Athlete:

Print Name: _____ Signature: _____ Date: _____

Parent/legal guardian:

Print Name: _____ Signature: _____ Date: _____