



**IREDELL COUNTY  
PARKS & RECREATION DEPARTMENT**  
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**Acknowledgement of Concussion Information  
For Parents/Players**

**Statement**

I acknowledge that there is a risk of injury involved with athletic participation. Even with appropriate coaching, use of protective equipment, and observance of the rules, injuries are a possibility, and in rare occasions can be severe enough to result in disability, paralysis, or even death. Included in these injuries could be a concussion, which is a type of traumatic brain injury (TBI) that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even what seems to be a mild bump or blow to the head can be serious.

**Resources**

The Centers for Disease Control (CDC) has developed a series of educational materials, the HEADS UP program, with the goal to help protect children and teens from concussions and other serious brain injuries. This information is also applicable to adult sports, but specifically emphasizes youth programs since youth are more likely to get concussions and can take longer to recover. ICPRD sports programs utilizes these resources in order to educate those involved with our programs. Education should include, but not be limited to, the definition and causes of concussions, signs and symptoms of concussions, and procedures for treatment/return to play. Information sheets and the website resources are available for parents. Information sheets will be provided during registration, or prior to participation by the player in practices or games.

**Parent/Player HEADS UP Concussion Resources:** [www.cdc.gov/headsup/parents/](http://www.cdc.gov/headsup/parents/)

**Acknowledgement & Release of Liability**

I acknowledge that by signing this document that:

- I am aware of the risk of concussion or other injuries from my (or my child's) participation in ICPRD programs or events. Participation in these programs are completely voluntary.
- I have been provided with a "Concussion Fact Sheet" (either a hard copy or via a website link) and have read and understand the information. I am aware of signs/symptoms and guidelines for treatment.
- In the event of a suspected concussion, I agree to follow the concussion guidelines, including removal of the player from the activity for at least 24 hours, medical evaluation following the injury by a health care professional that is qualified to evaluate concussions, and if diagnosed with a concussion, will provide any necessary medical care and follow any return-to-play guidelines provided. The player should only return to play with written permission from a health care professional, and a copy will be provided to the team coach/manager prior to return-to-play.

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**Name of Participant (PRINT)**

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**Name of Parent/Guardian (PRINT)  
(If Participant is Under Age 18)**

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**Signature of Participant  
Or Parent/Guardian If Participant is Under Age 18**

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**Date**