Sport Clubs Concussion Protocol Agreement Form

I acknowledge that Western is concerned about the well-being of all Western Sport Club athletes and that a concussion is a brain injury that should be treated. To ensure a safe and healthy athletic experience and by initialing each line below, I acknowledge that I have read each provision below and agree to comply with this concussion protocol while participating in Sport Club activities for the 2013-14 Academic Year.

Reporting:

________ I will become familiar with the Concussion Fact Sheet for Sport Club Student-Athletes.

________ It is my responsibility to immediately report to my Sport Club President, Captain and/or Coach, and not return to play, if I receive a blow to the head or body and experience signs, symptoms or behaviors of a concussion as identified on the Concussion Fact Sheet for Sport Club Student-Athletes.

________ If I suspect a teammate has a concussion, I am responsible for immediately reporting the injury to my Sport Club President, Captain and/or Coach.

Getting Checked Out:

________ It is my responsibility to see a healthcare professional if I receive a blow to the head or body and experience signs, symptoms or behaviors of a concussion as identified on the Concussion Fact Sheet for Sport Club Student-Athletes.

________ I may notice some symptoms of a concussion immediately, but other symptoms may show up hours or days after the initial injury. It is my responsibility to report any delayed signs or symptoms to a healthcare professional.

________ I am aware that a concussion can affect my ability to perform everyday activities, including reaction time, balance, sleep, concentration and classroom performance.

Taking Time to Heal:

________ Following a concussion, the brain needs time to heal. I am more likely to have a repeat concussion if I return to play before my symptoms resolve. In rare cases, repeat concussions can cause permanent brain injury or death. Because of this, I understand it is important to accurately report my signs and/or symptoms if I have been diagnosed with a concussion.

________ Long term risks and consequences of concussion are not readily known. Physical and cognitive rest is required to recover from a concussion. In the event of a concussion I will discuss with my professors any accommodations needed to meet academic requirements.

Returning to Play:

________ Recommendations for my returning to play must be made in writing by a healthcare professional. I understand that the Assistant Director of Sport Clubs will consider the evaluations of the healthcare professional and may request additional evaluations prior to allowing me to return to play.
A “Healthcare professional” means a licensed physician, advanced registered nurse practitioner, physician assistant, certified athletic trainer, or Doctor of Osteopathic Medicine (DO).

I understand that this Sport Clubs Concussion Protocol Agreement Form is intended to be as broad and inclusive as permitted by the laws of the State of Washington and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

____________________________________________________
Name of Athlete (Please Print)

____________________________________________________
Signature of Athlete                                        Date