



Baseline Testing

TEAM/CLUB/ORGANIZATION:

Xavier High School

DATE:

ATHLETE INFORMATION:

First Name:	Last Name:
Date of Birth:	Gender:
House/Unit #:	Street:
City, State, Zip:	Country:
Email:	Phone Number:

AUTHORIZATION/CONSENT/PRIVACY PROTECTION:

I, _____, hereby authorize Ascension and SportGait to administer concussion baseline testing, utilizing the SportGait platform.

SportGait baseline testing includes: health questionnaire, cognitive testing and gait analysis.

SportGait may use my child's de-identified data for research following HIPAA guidelines. This information is examined at the aggregate form, thus a child's data is not examined individually. I understand that [Clinic Name] and SportGait pledges to protect any private information related to this baseline.

Athlete/Parent/Guardian Signature

Date