

Athletes Concussion Form

Please sign and return this sheet to the Director of Student Activities (DSA)

I have read and understand the information discussed in this handbook concerning Orange County High School Activities.

Acknowledgement of risk: I fully understand and acknowledge that there are inherent risks of injury in sports activities including death, serious neck and spinal injuries, paralysis or brain damage, or impairment to other aspects of the student's body, general health, or well being. Orange County Schools will not be held liable for injury to a student as a result of the participation. I understand other participants, accidents, forces of nature, or other causes may cause these risks and dangers and I hereby accept these risks and dangers. My child is in good health as necessary to participate in VHSL activities and is able to participate in any strenuous physical activity associated with their participation.

Parents and/or Legal Guardians:

Please sign to indicate:

- You have read and understand the above concerning the Orange County High School Activities Handbook
- You have read and understand the information provided on concussions and the proper care for an athlete with a concussion
- You have read and understand the random drug testing regulations

Parent/Guardians Full Name: _____

Signature: _____

Date: _____

Parent/Guardians Full Name: _____

Signature: _____

Date: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Student:

Please sign to indicate that you have read and understand the above concerning Orange County High School Activities Handbook.

Student's Full Name (Print): _____

Student's Full Name (Signature): _____

Date: _____