

POCATELLO / CHUBBUCK SCHOOL DISTRICT NO. 25

ACKNOWLEDGMENT OF RECEIPT OF CONCUSSION GUIDELINES

Parent's/Guardian's Signature

I, (print name) _____ acknowledge that I am the parent/legal guardian of the student (below), that I have received from the District information related to student athlete concussions, including information from the State Department of Education and/or the Idaho High School Activities Association, and the District Policy 8127, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletic leagues or sports is dangerous, and hereby agree to waive all liability against the Pocatello/Chubbuck School District No. 25, its employees, agents, and Trustees, related to any injury or damage that my student may experience or incur as a result of participation in such school athletic leagues or sports.

Signature Date

Student's Signature

I, (print name) _____, acknowledge that I am a student of the Pocatello/Chubbuck School No. 25, or otherwise am allowed to participate in school athletic leagues or sports, that I have received from the District information related to student athlete concussions, including information from the State Department of Education and/or the Idaho High School Activities Association, and District Policy 8127, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletic leagues or sports is dangerous, and accept the risk of potential consequences of such dangers.

Signature Date

NOTE: Both signature lines must be filled in and this form must be provided to the District prior to the student athlete participation in any school athletic leagues or sports.

Copies:

District Office - original (white) Athletic Director (yellow) Parent/Student (pink)
Revised: 7/12/12