



## **Statement of Agreement and Acknowledgment of Receipt of Concussion Training Information**

I have read and I understand the CDC and the Gwinnett County Parks & Recreation Aquatic Section 2019 Concussion guidelines and protocol. It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student-Athlete Name (Printed): \_\_\_\_\_

Student-Athlete Name (Signed): \_\_\_\_\_

Parent or Legal Guardian (Printed): \_\_\_\_\_

Parent or Legal Guardian (Signed): \_\_\_\_\_

*(Please complete this and return it signed to the facility where you are participating in activities.)*

**Mountain Park Swim Team – Mountain Park Aquatic Center**