

# BRCA Injury & Concussion Acknowledgement Form



Athlete Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Team: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **INJURY POLICY ACKNOWLEDGEMENT**

I understand that if my child reports pain or injury (inside or outside cheer), they will be **immediately removed from stunting and physical activity**.

I understand I will be contacted by a coach.

I understand my child **cannot return** until:

- I provide written confirmation they are symptom-free
- **OR**
- A licensed medical provider provides written clearance

## **CONCUSSION POLICY**

I understand that under New Jersey law:

- Any athlete suspected of a concussion will be **removed immediately**
- **No same-day return** is allowed
- **A licensed healthcare provider must evaluate the athlete**
- **Written medical clearance is REQUIRED** before returning

I understand symptoms may include:

- Headache
- Dizziness
- Nausea
- Confusion
- Sensitivity to light/noise
- Balance issues

## **PARENT/GUARDIAN AGREEMENT**

I have read and understand the program SOP

I agree to follow all injury and concussion procedures

I will not allow my child to return without proper clearance

## **SIGNATURES**

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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