



## Concussion Awareness Educational Material Acknowledgement Form

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have access to the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by the Bay City Academy athletics Department and I am aware of signs of concussions and proper reporting procedure.

Print Participant Name: \_\_\_\_\_

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

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

Parent/Guardian Signature: \_\_\_\_\_

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

Season: Fall / Winter / Spring (circle one)

Sport: \_\_\_\_\_