



Concussion Awareness Educational Material Acknowledgement Form

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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 Student/Athlete Name: _____

Student/Athlete Signature: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Sports: _____

Date: _____

Disclaimer: By signing your name electronically you are agreeing that your electronic signature is the legal equivalent of your manual signature.