PLAYER CONCUSSION STATEMENT FORM

In accordance with Valley Elite Youth Football rule section 10, subsection G, all players and cheerleaders are to be made aware of the leagues concussion rule as follows;

1. An athletic (Player or Cheerleader) who is suspected of sustaining a concussion or head injury In an athletic activity shall be immediately removed from the activity for the remainder of the day, and shall not be permitted to return to the activity until he or she is evaluated by a licensed health care provider, trained in the management of concussion, acting within the scope of his or her practice. The athlete shall not be permitted to return to the activity until he or she receives written clearance to return to the activity from a licensed health care provider.

2. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the athlete and the athlete's parent or guardian prior to the athlete's initiating practice or competition.

All athletes and his/her parent or guardian participating in the Valley Elite Youth Football League shall answer the following questions on a annual basis as part of the Valley Elite Youth Football and Cheer League registration process;

<div align="right">Please Circle</div>

1. Have you ever had a head injury or concussion diagnosed by a Medical Doctor?	Yes	No
2. Have you ever become knocked out, unconscious, or lost your memory?	Yes	No
3. Have you ever had a seizure?	Yes	No
4. Do you have frequent or severe headaches?	Yes	No
5. Have you ever had numbness / tingling in your arms, hands, legs, or feet ?	Yes	No
6. Have you ever had a stinger on pinched nerve ?	Yes	No

If " YES" to any of the above questions, have you been medically cleared to   Yes   No
Participate by a licensed health care provider with a current year sports physical?

I hereby state that to the best of my knowledge, my answers to all the above questions are correct And complete and I take full responsibility for any incorrect answers.

_____   _____
 Athletes Name (Print)   **Signature**

_____   _____
 Parent / Guardian (Print)   **Signature**

_____
 Date