



## Annual Mild Traumatic Brain Injury (MTBI) and Concussion Acknowledgement Form

I understand that there are risks inherent in playing and training for baseball, including the risk of concussion and Mild Traumatic Brain Injury (MTBI).

I understand that a concussion is a brain injury that may be caused by even a mild bump or blow to the head or face.

I have received, read and understand the CDC's Parent/Athlete Concussion Information Sheet, which explains the nature of concussion, the signs and symptoms, and the risks of continued participation in athletic activity after a concussion. This information can also be found in English at [http://www.cdc.gov/concussion/headsup/pdf/Parent\\_Athlete\\_Info\\_Sheet-a.pdf](http://www.cdc.gov/concussion/headsup/pdf/Parent_Athlete_Info_Sheet-a.pdf) and in Spanish at [http://www.cdc.gov/concussion/pdf/Parent\\_Athlete\\_Info\\_Sheet\\_Spanish-a.pdf](http://www.cdc.gov/concussion/pdf/Parent_Athlete_Info_Sheet_Spanish-a.pdf).

I understand that experiencing one or more symptoms of concussion, as described in the Parent/Athlete Concussion Information Sheet, will require immediate removal of the athlete from athletic activity.

I understand that a coach, official, or licensed health care provider may remove an athlete from play for suspected a concussion.

I understand that a parent may remove his or her own child from play for a suspected concussion.

I understand that an athlete may return to play on the same day if a health care provider rules out a suspected concussion at the time the athlete is removed from play. On a subsequent day, the athlete may return to play if the athlete has been evaluated by and received written clearance to resume participation in athletic activity from a health care provider who has been trained in the evaluation and management of concussions and head injuries.

I understand that if the athlete reports or a parent or guardian observes any sign or symptom of a concussion that the athlete should receive immediate medical attention, even if the symptom appears hours, days or even weeks after the injury.

Child's Name: \_\_\_\_\_

Child's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

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