

# CONCUSSION INFORMATION

## PARENT VERIFICATION

In accordance with AS 14.30.142, the School District requires that each athlete, and each minor athlete's parent/guardian, receive information on the nature and risks of concussions each year. Students may not participate in school activities unless the student and parent/guardian of a student who is under 18 years of age have signed a current verification that they have received the information provided by the District. Parents will be provided information from the Center for Disease Control and Prevention (CDC) entitled, "A Fact Sheet for Athletes" and "A Fact Sheet for Parents".

Parents and Students should review this information, discuss it at home, and direct any questions to the student's coach, school principal or athletic activities director.

For more information go to: <http://asaa.org/resources/sports-medicine/>

### Parent/Guardian Acknowledgement

I acknowledge that I have received a copy of "A Parent's Guide to Concussion in Sports" and understand its contents.

Student Name (please print)

Parent or Guardian Signature

Date

ELEMENTARY SCHOOL

CO-CURRICULAR PARTICIPANT USER FEE CONTRACT

\_\_\_\_\_  
Student Name (printed)                      School                      Grade                      Date

Activity Fee Obligations

In an effort to supplement available state and District funds for our co-curricular programs, a fee will be collected from student participants. This revenue will be used to cover travel and official costs, additional coaching salaries, as well as replacement of equipment and uniforms. The student shall pay the appropriate fee by the beginning of the activity in order to participate. In the case this deadline cannot be met, the student must make specific arrangements with the athletic director. Payment of the user fee provides **for participation only** and **does not guarantee playing time** in competitions, or any similar guarantee.

ACTIVITY FEE CHARGES

Elementary school students shall be charged ~~\$10~~ **\$20** per activity.

The activity your child is participating in at this time is:

\_\_\_\_\_

Refund of Activity Fees

**Full Refund:** Students who are cut from a co-curricular activity during the first ten (10) days of practice will receive a full refund.

**Prorated Refund:** Students injured or having special extenuating circumstances during the same activity season will receive a prorated refund, the amount of which will be determined by the coach and athletic director/administrator.

**No Refund:** Students who quit and/or withdraw from a team due to disciplinary reasons will not receive a refund.

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I have read and understand the above terms and conditions and agree to abide by the same.

\_\_\_\_\_  
Parent/Guardian Name (print)                      Parent/Guardian Signature                      Date