

Waupun Youth Soccer Concussion Waiver

Wisconsin Concussion Law Act 172 "Sideline to Safety" became law in April of 2012. A portion of the law reads: "At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity.

No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian." Wisconsin Concussion Law Act 172 pertains to ALL youth athletic activities, not just school-related opportunities. Therefore, any community based youth athletic program, like Waupun Youth Soccer must be in compliance with the new state law. The Waupun Youth Soccer would like to ensure that we comply with all state laws and obtain signed agreement forms for all athletes participating in Waupun Youth Soccer this fall.

Please be aware that Act 172 also requires the immediate removal of an individual from an athletic activity if symptoms indicate a possible concussion has been sustained. Subsequently, if a concussion is confirmed, an individual may only return to competition/practice after being evaluated by a licensed health care provider. The health care provider must provide written clearance in order for the athlete to return to action. Please read the symptoms sheet and understand the parent and athlete role within Wisconsin Concussion Law Act 172. As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. This form must be turned before participation will be allowed.

I have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon. Also, my athlete child(ren) have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. They understand the importance of reporting a suspected concussion to coaches and parents/guardian. They understand that they must be removed from practice/play if a concussion is suspected. They understand that they must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. They understand the possible consequence of returning to practice/play too soon and the importance of time to heal.