

Questions and Contact Information

Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ School District _____

Check all that apply
I participate in:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis | <input type="checkbox"/> Swimming & Diving | |
| <input type="checkbox"/> Other _____ | | | |

Name of Current Team _____

1. Have you ever had a concussion? _____, if yes, how many? _____

2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Please complete this form and return to the person operating the youth athletic activity.