

Rolling Hills Public Charter School

STUDENTS

3505F1

Acknowledgement of Receipt of Concussion Guidelines

Parent's/Guardian's Signature

I, (print name) _____, acknowledge that I am the parent or guardian of the student (below), that I have received from Rolling Hills Public Charter School information related to student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and Rolling Hills Public Charter School Policy #3505, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and hereby agree to waive all liability against Rolling Hills Public Charter School, its employees, agents, and trustees, related to any injury or damages that my student may experience or incur as a result of participation in such school athletics leagues or sports.

Signature Date

Student's Signature

I, (print name) _____, acknowledge that I am a student of Rolling Hills Public Charter School, or otherwise am allowed to participate in school athletics leagues or sports, that I have received from Rolling Hills Public Charter School information related to student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and Rolling Hills Public Charter School Policy #3505, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and accept the risk of the potential consequences of such dangers.

Signature Date

NOTE: Both signature lines must be filled in and this form must be provided to the Rolling Hills Public Charter School prior to the student athlete participating in any school athletic leagues or sports.

Form History:

Adopted on: 11/8/2012

Revised on: