

NEMWA Parent/Wrestler Concussion Awareness

Educational Material Acknowledgement Form

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents/Athletes and/or Concussion Fact sheet for wrestlers provided by NEMWA.

By my name and signature below, I understand that, I the parent, will be the one who makes the final decision rather my wrestler, listed below, will be able to continue to wrestle or not wrestle after a serve blow to his/her head at any given time during or after a NEMWA tournament and I understand, that I will obtain the correct paperwork needed from a doctor, stating my wrestler can wrestle at the next tournament within NEMWA.

Wrestlers name printed

Parent/Guardian name printed

Wrestlers Signature

Parent/Guardian Signature

Date

Date

Club Name: _____

Return this signed form to NEMWA secretary, who must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.