

## **RACINE UNIFIED SCHOOL DISTRICT**

In accordance with Wisconsin's Sidelined For safety Act 172, we the undersigned acknowledge having received education about the signs, symptoms, and risks of sport related concussion. We understand that students are prohibited from any participation until this form is completed and returned to the Activities Office.

I acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion and agree to abide by all RUSD concussion protocols.

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*Printed Name of Student/Athlete*

*Signature*

*Date*

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion and agree to abide by all RUSD concussion protocols.

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*Printed Name of Parent/Guardian*

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