

# Mid-State Youth Football and Cheerleading, Inc.

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MSYFC Community

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of **Concussion** and **Sudden Cardiac Arrest** to be included as part of the "Participant and Parental Disclosure and Consent Document".

I, \_\_\_\_\_, of Mid-State Football and Cheerleading, Inc.

\_\_\_\_\_  
Youth Athlete Name

and above named community hereby acknowledge having received education about the signs, symptoms, and risks of a sport related **Concussion** and **Sudden Cardiac Arrest**. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

I, \_\_\_\_\_, the parent/guardian of the student athlete named

\_\_\_\_\_  
Parent/Guardian Name

above, hereby acknowledge having received education about the signs, symptoms, and risks of a sport related **Concussion** and **Sudden Cardiac Arrest**. I certify that I have read, understand and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date