

**NAME OF STUDENT-ATHLETE** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**NAME OF SCHOOL/TEAM** \_\_\_\_\_

**SPORT/ACTIVITY** \_\_\_\_\_

**DETAILS OF INJURY** \_\_\_\_\_ **DATE OF INJURY:** \_\_\_\_\_

**DESCRIPTION CONCUSSION-LIKE SIGNS OR SYMPTOMS**

I certify that I am the above-named student-athlete and I am aware of the usual signs and/or symptoms which would indicate that I have a concussion.

I certify that, as of this date, and to the best of my knowledge, I am not aware of any signs and/or symptoms which would prevent me from beginning of a gradual physical training process for the purpose of returning to sports participation.

I declare that I will follow a gradual physical training process for the purpose of returning to sports participation under the direction and supervision of my School CMP Coach and I will not hesitate to admit to the return of any concussion-like signs or symptoms.

**SIGNATURE OF STUDENT-ATHLETE** \_\_\_\_\_

**NAME OF STUDENT-ATHLETE** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_