

**Thurston County Recreation Services**  
**CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT**  
**(ATHLETE/PARENT)**

The purpose of this acknowledgement form is to confirm that you have read and understand the information provided to you by Thurston County Recreation Services related to potential concussions and head injuries occurring during participation in athletic programs.

I, \_\_\_\_\_ as a participant of Thurston County Recreation Services sports programs;  
(Please Print)

And I, \_\_\_\_\_ as the parent/legal guardian of the above named participant;  
(Please Print)

Have read the informational material provided to us by Thurston County Recreation Services related to concussions and head injuries occurring during participation in athletic programs and understand its contents and warnings.

\_\_\_\_\_  
Signature of Participant/Athlete

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Given a copy of: Heads Up: Concussions in Youth Sports, Information for  
Parents/Care Providers and Athletes.

Reference: Zachery Lystedt Law (RCW 28A.600, Section 2 & RCW 4.24.660)