

**Please read and sign
BOTH sections below!!!**



Concussion Information Acknowledgement Form

In compliance with the General Assembly of Pennsylvania Senate Bill No. 200, this acknowledgement form is to confirm that I have read and understand the CONCUSSION INFORMATION sheet related to potential concussions and head injuries occurring during participation in athletics.

As a student-athlete who participates in athletics and as the parent/legal guardian, I have read the informational material provided to us by Germantown Academy and the athletic training staff from NovaCare Rehabilitation related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

| | | |
|------------------------------------|---------------------------------|-------|
| _____ | _____ | _____ |
| Student Athlete Printed Name | Student Athlete Signature | Date |
| _____ | _____ | _____ |
| Parent/Legal Guardian Printed Name | Parent/Legal Guardian Signature | Date |

Sudden Cardiac Arrest Information Acknowledgement Form

In compliance with the General Assembly of Pennsylvania House Bill No. 1610, this acknowledgement form is to confirm that I have read and understand the SUDDEN CARDIAC ARREST INFORMATION sheet related to potential sudden cardiac arrest occurring during participation in athletics.

As a student-athlete who participates in athletics and as the parent/legal guardian, I have read the informational material provided to us by Germantown Academy and the athletic training staff from NovaCare Rehabilitation related to sudden cardiac arrest occurring during participation in athletic programs and understand the content and warnings.

| | | |
|------------------------------------|---------------------------------|-------|
| _____ | _____ | _____ |
| Student Athlete Printed Name | Student Athlete Signature | Date |
| _____ | _____ | _____ |
| Parent/Legal Guardian Printed Name | Parent/Legal Guardian Signature | Date |