



Alpharetta Recreation and Parks Department Concussion Awareness Policy and Procedures

Approved by Alpharetta Recreation Commission – November 14, 2013

VOLUNTEER/CONTRACTOR/TRAINER ACKNOWLEDGEMENT OF CONCUSSION AWARENESS POLICY AND PROCEDURE

I, _____, a volunteer/contractor/trainer affiliated with the City of Alpharetta Recreation and Parks Department (“Department”), understand that the intent of the Department’s Concussion Awareness Policy and Procedures is to reduce the potentially serious health risk associated with sports- and activity-induced concussions and head injuries through education of coaches, referees, employees, instructors of at-risk activities, trainers, parents, and participants of the signs, symptoms and behaviors consistent with sports- and activity-induced concussions. I understand that the Department cannot prevent concussions, and/or injuries to the head and/or body, from occurring during the course of recreation sporting events, practices, and competitions.

I further understand that the Department requires that any participant, under the age of 18, suspected of a concussion or head injury must be removed from the activity and it is recommended that the participant be examined by a licensed health care provider. If a participant is deemed by a licensed health care provider to have sustained a concussion, Department personnel or other designated personnel (volunteers, contractors, and/or trainers) shall not permit the participant to return to play until he or she receives documented clearance from a licensed health care provider for a full or graduated return to play.

I further understand and acknowledge that the Department’s adoption of the Concussion Awareness Policy and Procedures shall not create any liability for, or create a cause of action against the City of Alpharetta, the Department, or their officers, employees, volunteers or other designated individuals for any act of omission to act related to the removal or non-removal of a participant from a Department activity.

I further understand and acknowledge that as a volunteer/contractor/trainer, I must complete the free online training provided by the CDC on the recognition of concussion symptoms and injuries in youth athletes which is found at http://www.cdc.gov/concussion/HeadsUp/online_training.html. Additional information is available at <http://www.cdc.gov/ConcussioninYouthSports/> and www.nfhslearn.com.

Volunteer/Contractor/Trainer Name (PRINT)

Volunteer/Contractor/Trainer (SIGNATURE)

Date