



**Arizona Region of USA Volleyball
Mild Traumatic Brain Injury (MTBI) / Concussion
2024-2025 Statement and Acknowledgement Form**



I, _____ (athlete), acknowledge that I must be an active participant in my own health and have the direct responsibility for reporting all my injuries and illnesses to my club’s staff (e.g., coach or parent volunteer) and my parent. I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- * My Arizona Region and USA Volleyball membership registration is not complete and I will not be put on a roster for participation until this signed form is on file with the Arizona Region office each season.
- * The Arizona Region has provided me with the CDC Concussion Fact Sheet on the definition of a concussion, the signs and symptoms of a concussion, and what to do if I suspect I have a concussion. Each Fact Sheet is specific to Parents and to Players. The Fact Sheets can be found on the AZ Region website Handbook – www.azregionvolleyball.org/handbook - type Fact Sheet in the search bar to access the Concussion Fact Sheets.

For more education on concussions, I can go to: <https://www.cdc.gov/heads-up/about/index.html>
 A free Online Training Course by the CDC can be found at <https://www.cdc.gov/heads-up/communication-resources/training.html>
 A free 20-minute concussion education course can be taken at <https://nfhslearn.com/courses/concussion-in-sports-2>

FURTHERMORE:

- * I have fully disclosed to the staff any prior medical conditions and will disclose any future conditions if they arise.
- * I understand, there is a possibility that participation in volleyball may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- * I acknowledge that a concussion is a brain injury, which I am responsible for reporting to my coach, my parent(s), the parent volunteer, or the athletic trainer.
- * A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- * Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- * If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.
- * I will not return to play in a practice, match or tournament if I have received a blow to the head or body that results in concussion related symptoms UNTIL my symptoms have resolved AND I have written clearance to do so by a qualified health care professional. An athletic trainer is not authorized to give clearance to return.
- * Per Arizona Region Policy, I may not return to practice or play during the same event (practice, match, or tournament) in which the concussion related symptoms occurred.
- * Following a concussion, the brain needs time to heal. I understand that I am much more likely to have a repeat concussion or further damage if I return to play before the symptoms have resolved.

I represent and certify that my parent/guardian and I have read this entire document and the Concussion Fact Sheets. We fully understand: 1. that a concussion is a brain injury, 2. the signs and symptoms of a concussion, 3. the need to report a suspected concussion to my coach and parent, and 4. the reason to heal before returning to play.

(BOTH student athlete AND parent/legal guardian must sign below)

For identification purposes only please indicate the **Athlete’s Date of Birth** _____

Minor Athlete:

Print Name: _____ Signature: _____ Date: _____

Parent/legal guardian:

Print Name: _____ Signature: _____ Date: _____