

# POYNETTE PANTHER YOUTH WRESTLING CLUB

## Concussion & Head Injury Information

I acknowledge that I have read the WI DPI Concussion and Head Injury Information and Sudden Cardiac Arrest Information sheet. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until they are evaluated by an appropriate health care provider and provide written clearance from the health care provider to their coach. I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly.

[tbi-conc-and-head-injury-information.pdf](#)

**2025**

\*As agreed to in the 2025-2026 Club registration.