



Member Name: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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HEADS UP CONCUSSION INFORMATION ACKNOWLEDGEMENT  
CHSRA STATE POLICY MANUAL AND STATE BY-LAWS ACKNOWLEDGEMENT

I acknowledge that I, \_\_\_\_\_, have received and read the following:

1. CHSRA Concussion Information Packet
2. CHSRA State Policy Manual ([www.chsra.com](http://www.chsra.com))
3. CHSRA State By-Laws ([www.chsra.com](http://www.chsra.com))

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or guardian must sign, regardless of age of contestant.)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Contestant)

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