



STUDENTS

3505F1

ACKNOWLEDGMENT OF RECEIPT OF CONCUSSION GUIDELINES

Parent's/Guardian's Signature

I, (print name) _____, acknowledge that I am the parent or guardian of the student (below), that I have received from the Charter School information related student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and Charter School Policy 3505; have had the opportunity to review; and have reviewed such information. I understand that participation in Charter School athletics leagues or sports is dangerous, and hereby agree to waive all liability against Alturas Preparatory Academy Charter School, its employees, agents, and Directors, related to any injury or damages that my student may experience or incur as a result of participation in such Charter School athletics leagues or sports.

Signature

Date

Student's Signature

I, (print name) _____, acknowledge that I am a student of Alturas Preparatory Academy Charter School or otherwise am allowed to participate in Charter School athletics leagues or sports; that I have received from the Charter School information related student athlete concussions including information from the State Department of Education, the Idaho High School Activities Association, and Charter School Policy 3505; have had the opportunity to review; and have reviewed such information. I understand that participation in Charter School athletics leagues or sports is dangerous, and accept the risk of the potential consequences of such dangers.

Signature

Date

NOTE: Both signature lines must be filled in and this form must be provided to the Charter School prior to the student athlete participating in any Charter School athletic leagues or sports.