SF State Campus Recreation Department
Concussion Education & Agreement Form

San Francisco State University is concerned with the health and well-being of ALL persons participating in Campus Recreation activities. To ensure that all participants have a safe and healthy competitive sport, recreational, or fitness experience, please review and sign the following information below.

**What is A Concussion?**

A Concussion is a brain injury that:

- Is sustained by a jolt or blow to the head from contact with another player, hitting a hard surface (ice, field, or floor).
- Has the ability to alter the way your brain works.
- Can occur in ANY sport, recreational, or fitness activity.
- Can occur even if there is NOT a loss of consciousness.

**Symptoms of a concussion include:**

- Headaches and/or dizziness
- Sensitivity to light or noise
- Feeling groggy or sluggish
- Concentration or memory problems
- Slow reaction time

**What should I do if I think I have a concussion?**

1. **Do not hide it**
   - Immediately report how you feel to a staff member with Campus Recreation.
   - Consult with a physician, athletic trainer, or coach.
   - When in doubt, sit it out.

2. **Report it**
   - The sooner you report symptoms, the sooner you could return to daily activities.
   - Be sure an injury report is completed and on file with Campus Recreation.

3. **Get Checked out**
   - An athletic trainer or healthcare professional (eg, the Student Health Center) can tell you if you have had a concussion and set a timetable for when you are able to return to normal activities.
   - Assess your ability to perform everyday activities. Ex. reaction time, balance, sleep, concentration, and performance at work and/or in the classroom.

4. **Take time to recover**
   - If you have had a concussion, your brain needs time to heal.
   - Refrain from participation in strenuous activities with concussion like symptoms.

5. **Returning to Normal Activities**
   - Recommendation for returning to normal activities must be made by a healthcare professional.
   - Regardless of whether your concussion occurred in a Campus Recreation Activity or not, Campus Recreation must receive a Medical Clearance from a physician prior to your returning to participate.

*Please Initial you have read and understand the information above:* _________
SF State Campus Recreation Department
Concussion Agreement

By initialing each line below, I acknowledge that I have thoroughly read and reviewed the Concussion Agreement Form. I also agree to comply with all policies and physician recommendations regarding my participation in San Francisco State University Campus Recreation activities, club practices, and competitions.

_____ I understand that a concussion is a brain injury that is caused by a jolt or hit to the head.

_____ I may notice some symptoms of a concussion immediately, but others may show up hours or days after the injury occurred.

_____ I am aware that a concussion has the ability to affect my ability to perform everyday activities including going to class, studying, and doing homework.

_____ I understand that long term risks and consequences of concussions are not readily known. In the event of a concussion, I will discuss with my professors any accommodations needed to meet academic requirements.

_____ I will not hide concussion like symptoms.

_____ It is my responsibility to report any injury that results in concussion related symptoms that I have received in a Campus Recreation program or activity to Campus Recreation Staff.

_____ I understand that after a concussion, recommendations for my return to play or participation in Campus Recreation activities must be made in writing by a healthcare professional and I take responsibility for making this happen before I return to play.

________________________________________________________________________
Signature

________________________________________________________________________
Date

________________________________________________________________________
Print Name

IF YOU ARE UNDER 18 YEARS OF AGE, you must have a parent or legal guardian sign BELOW.

________________________________________________________________________
Signature of Minor Participant’s Parent/Guardian

________________________________________________________________________
Name of Minor Participant’s Parent/Guardian (print)

________________________________________________________________________
Date

________________________________________________________________________
Minor Participant’s Name (print)

Please Initial you have read and understand the information above: ______