

Questions and Contact Information

Related to Concussion Law 2011 – Wisconsin Act 172

Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ School District _____

Check all that apply *(This document must be completed at the beginning of every athletic season)*
I participate in:

- Football
- Soccer
- Track & Field
- Gymnastics
- Other _____
- Baseball/Softball
- Golf
- Cross Country
- Tennis
- Basketball
- Volleyball
- Cheerleading
- Swimming & Diving
- Hockey
- Wrestling
- Skiing/Snowboarding

Name of Current Team _____

1. Have you ever had a concussion? _____, if yes, how many? _____
2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Please complete this form and return to the person operating the youth athletic activity.