

Student Athlete's Name: _____

I, _____, have completed either

1. Center for Disease Control and Prevention Heads Up Concussion in Youth Sports On-Line Training Program

http://www.cdc.gov/concussion/HeadsUp/online_training.html

2. National Federation of State High School Associations Concussion in Sports – What you Need to Know

<http://nfhslearn.com/?courseID=15000>

to fulfill my obligation of my annual concussion training for the Hopkins Academy Athletic program.

Signature: _____

Date: _____