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**Concussion Management and Sudden Cardiac Arrest Acknowledgement**

The Puget Sound Region of USA Volleyball believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student athlete you play a vital role in protecting participants and helping them get the best from sport.

Player and family education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This acknowledgement must be signed annually by the parent/guardian and student athlete prior to participation in Puget Sound Region Volleyball events. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

**ZACHERY LYSEDT LAW COMPLIANCE STATEMENT**

I certify:

- 1) I have been provided with information on concussions in youth sports in compliance with HB 1824.
- 2) I understand that on a yearly basis, the concussions in youth sports information sheet shall be signed and returned to the Puget Sound Region, USAV by myself (or my parent or legal guardian if I am under the age of eighteen (18) years old) prior to my initiating practice or competition.
- 3) If any player/participant is suspected of suffering a concussion or brain injury, the player will be removed from practice or competition and not returned to practice or competition until cleared in writing by a licensed health care provider trained in the evaluation and management of concussions (Medical Doctors, Doctors of Osteopathy, Advanced Registered Nurse Practitioner, Physicians Assistants, and Certified Athletic Trainers).

I have received, read, and understand the information presented within the Sudden Cardiac Arrest Pamphlet.

\_\_\_\_\_  
*Student Athlete (Printed)*

\_\_\_\_\_  
*Student Athlete (Signed)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Name (Printed)*

\_\_\_\_\_  
*Parent/Guardian (Signed)*

\_\_\_\_\_  
*Date*

