

**ABRAHAM CLARK HIGH SCHOOL ATHLETICS
ACKNOWLEDGEMENT/CONSENT SIGN-OFF FORM**

Student's Name (print): _____

Grade: _____ Gender: Male _____ Female _____ Sport: _____

Parent's Name (print): _____

Please return this sheet with the rest of your completed medical and consent forms, indicating that you have read, understand and agree to the following policies and informative brochures.

Sudden Cardiac Death Brochure

We have read the brochure and understand the facts of sudden cardiac death in young athletes. We are aware of additional resources on the subject from the American Heart Association (www.heart.org) and the Hypertropic Cardiomyopathy Association (www.4hem.org)

Student: _____

Parent: _____

Sports Related Eye Injury Fact Sheet

We have read the brochure and understand the facts related to potential eye injuries. We are aware of additional resources on the subject at <http://www.nei.nih.gov/sports> and <http://isee.nei.nih.gov>

Student: _____

Parent: _____