



UW-MADISON EXTENSION

Wisconsin 4-H Horse Project Volunteer Acknowledgement of Concussion Policy

As a volunteer for the 4-H Horse Project (including the horse managerial and horseless horse activities) it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to concussions and head injuries per the Wisconsin 4-H Horse Project Concussion and Head Injury Policy and related guidance.

Volunteer Acknowledgement:

I have read the *Wisconsin 4-H Horse Project Concussion and Head Injury Policy* and the [Wisconsin Concussion Information Sheet for Coaches](#) and understand what a concussion is and how it may be caused. Wisconsin 4-H has decided that 4-H Horse Volunteers and Athletic Coaches have similar roles and the information provided by the Department of Public Instruction is a trusted resource. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected –OR– the 4-H member/participant was separated from their horse and hit their head.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the 4-H member/participant cannot return to practice or play before providing me with written clearance from an appropriate health care provider.

I understand the possible consequences of the 4-H member/participant returning to practice/compete too soon.

I have read, understand, and agree to the above.

Print Name:

Signature:

Date:

Wisconsin 4-H Model Rocket Volunteer Acknowledgement of Policy

I certify that I have reviewed and will follow the [National Association of Rocketry Model Rocket Safety Code](#) and guidance while leading 4-H model rocketry launching activities.

I have read, understand, and agree to the above statement.

Print Name:

Signature:

Date: