

Atlanta Cricket League (ACL)

Concussion Policy – Player Acknowledgment & Assumption of Risk

I, the undersigned player, acknowledge that:

1. I have received and reviewed the ACL Concussion Policy – Recreational & Amateur Cricket.
2. I understand that concussion is a serious brain injury that may result from participation in cricket.
3. I understand the symptoms of concussion and my obligation to report symptoms honestly and immediately.
4. I understand that I may be removed from play if a concussion is suspected and that same-day return to play is prohibited.
5. I understand that return to play may require medical clearance and completion of a graduated return-to-play process.
6. I agree not to pressure umpires, officials, captains, or teammates for return early to play.

I acknowledge that participation in cricket involves inherent risks and assumes responsibility for complying with all safety requirements.

Player Name: _____

Signature: _____

Date: _____