**Concussion Acknowledgement:**

I have read and understand the CDC information on concussions and will abide by the guidelines and policies of Mt Spokane-Mead Pop Warner Association and Inland Northwest Pop Warner League.

**Team Name:**

**Coaches/Staff:**

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| ***Name*** | ***Position*** | ***Signature*** |
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**Player**

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| ***Name*** | ***Player Signature*** | ***Parent Signature*** |
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