

Increasing awareness and promoting proper management of sports related concussions.



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REGISTRATION HIGH SCHOOL

Please complete this form if you are interested in participating in the ImPACT program and receiving baseline testing for your high school athletes. Please fill in all information completely.

High School: _____

City: _____ County: _____

Your Name: _____ Your Title: _____

Email: _____ Phone: _____

ATHLETIC DIRECTOR INFO *(if different from above)*

Name: _____ Phone: _____

Email: _____

DOES YOUR SCHOOL UTILIZE AN ATHLETIC TRAINER? YES NO

Name: _____ Phone: _____

Email: _____

In order to participate in this program, at least one representative from the high school who will administer the ImPACT baseline tests will need to complete a training session with Indiana Sports Concussion Network (ISCN). The training session will be done online. Following completion, a certificate as well as directions on how to administer the ImPACT testing will be delivered.

INDIVIDUAL TO COMPLETE THE TRAINING TO LEARN HOW TO ADMINISTER THE IMPACT BASELINE TESTS *(if more than one, please provide information for each)*

Name: _____ Title: _____

Email: _____ Phone: _____

Thank you for your interest in ISCN and providing ImPACT tests to your athletes. We are dedicated to increasing awareness and promoting proper management of sports related concussions. ISCN is excited to have you and your school as part of this program!

Please contact us if you have any questions or concerns.