

Increasing awareness and promoting proper management of sports related concussions.



TERRY HORNER, MD
HENRY FEUER, MD
DANIEL KRAFT, MD
Co-Directors

REGISTRATION NON HIGH SCHOOL ORGANIZATION

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

Organization Name [team/league]: _____

City: _____ County: _____

Age Group: _____ Requested Testing Date: _____

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

Test Administrator: _____ Phone: _____

Email: _____

CONTACT OTHER THAN TEST ADMINISTRATOR (Coach, League Director, Etc.)

Name: _____ Title: _____

Email: _____ Phone: _____

Tests can be purchased through PayPal or through billing. Complete the section below only if not using PayPal to purchase baseline testing.

BILLING INFORMATION

Name: _____ Title: _____

Address: _____

Email: _____ Phone: _____

Payment Method: _____

MEDICAL PERSONNEL AVAILABLE TO TEAM

Name: _____ Title: _____