

**CONCUSSION CODE OF CONDUCT for
ATHLETES & GUARDIANS**

I WILL HELP PREVENT CONCUSSIONS BY:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of the event.
- My commitment to fair play and respect for all* (respecting other athletes, coaches, team trainers and officials).
- I understand that a concussion prevents me from training, practice and competition (collectively referred to as 'sport').

I WILL CARE FOR MY HEALTH AND SAFETY BY TAKING CONCUSSIONS SERIOUSLY, AND I UNDERSTAND THAT:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I do not need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to the Event Convenor if I suspect that another individual may have a concussion.*
- Continuing to participate in activities with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I WILL NOT HIDE CONCUSSION SYMPTOMS. I WILL SPEAK UP FOR MYSELF AND OTHERS.

- I will not hide my symptoms. I will tell a coach and the Event Convenor if I experience any symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell the Event Convenor so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and will not be able to return until I undergo a medical assessment and have been cleared to return to sport by a medical doctor or nurse practitioner.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other organization with which I am registered.

I WILL TAKE THE TIME I NEED TO RECOVER, BECAUSE IT IS IMPORTANT FOR MY HEALTH.

- I commit to supporting the return-to-sport process*
- I understand that to return to sport I will have to be medically cleared by a medical doctor or nurse practitioner.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

By signing here, I acknowledge that I have fully reviewed the training materials within the past 12 months and commit to this Concussion Code of Conduct.

Athlete

Witness

Date^{ P }_{ SEP }

Date^{ P }_{ SEP }

*Items marked with an asterisk * are mandatory by O.Reg. 161/19: General.*