



Concussion Code of Conduct – Athlete and Participant (2020-2021)

In recognition of the potential seriousness of a concussion, I, (the athlete) _____, commit to following the concussion protocols and expectations highlighted below.

I will help prevent concussions by:

- Respecting the rules of my sport.
- Being committed to fair play and respect for all, including other athletes, coaches, and umpires.

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 body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including if I think I might have a concussion I should stop participating in further training, practice or competition immediately and tell a coach; as well as reporting to my coach if I think another participant has a concussion.
- Continuing to participate in further training, practice or competition 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, umpire, parent or another adult I trust 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 a coach, umpire, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other sport organization where I am registered.

I will take the time I need to recover because it is important for my health.

- I understand my commitment to following the return-to-sport process.
- I will respect my coaches, parents, health-care professionals, and medical doctors/nurse practitioners, regarding my health and safety.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Athlete's Name

Athlete's Signature

Date

For athletes under the age of 18 years of age, as of the date of signature

Parent or Legal Guardian's Name

Parent or Legal Guardian's Signature

Date
