  **Skate Canada Wasaga Beach**

**Concussion Code of Conduct for Athletes and Parents/Guardians (for athletes under 18 year of age)**

**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 my sport or activity.

• My commitment to fair play and respect for all\* (respecting other athletes, coaches, team trainers and officials).

**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 don’t 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 a designated person when and individual suspects that another individual may have sustained a concussion.\* (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition immediately, or tell an adult if I think another athlete 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, official, team trainer, 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, official, team trainer, 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 the athlete’s school and any other sport organization with which the athlete has registered\* (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)

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

• I understand my commitment to supporting the return-to-sport process\* (I will have to follow my sport organization’s Return-to-Sport Protocol).

• I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.

• I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

By clicking the box on the Skate CanadaWasaga Beach registration system I acknowledge that I have fully reviewed and commit to the Skate Ontario Concussion Code of Conduct.

 I also acknowledge I have read the Rowan’s Law E-Booklet as posted at [www.skatewasaga.com](http://www.skatewasaga.com)

Athlete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (including athletes under 18)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By clicking the box on the Skate Canada registration system I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct and reviewed with my son/daughter who is under the age of 18. I also acknowledge I have read the Rowan’s Law E-Booklet as posted at [www.skatewasaga.com](http://www.skatewasaga.com)

Parent/Guardian (of athletes who are under 18 years of age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_