



**HIT. STOP. SIT.**



## **FRONT OF YONGE MINOR SOCCER**

### **CONCUSSION CODE OF CONDUCT FOR PLAYERS AND PARENTS/GUARDIANS AND COACHES (for players under 18 years of age)**

**I will help prevent concussions by:**

**\*\*\*Wearing the appropriate equipment and wearing it correctly.**

**\*\*\*Developing my skills and strength.**

**\*\*\*Respecting the rules of soccer.**

**\*\*\*My commitment to fair play and respect for all.**

**I will care for my health and safety by taking concussions seriously, and I understand that:**

**\*\*\*A concussion is a form of traumatic brain injury that can have both short and long-term effects.**

**\*\*\*A concussion can be caused by a direct blow to the head, face, or neck, or may be caused by a blow elsewhere on the body that transmits a force to the head, causing the brain to shake within the skull and result in a concussion.**

**\*\*\*I do not need to lose consciousness to have had a concussion. Every concussion is different and can have different signs-and-symptoms. Signs and symptoms of concussion may range from mild to severe, and may be experienced immediately or appear several hours/days after the initial impact.**

**I will not hide concussion symptoms. I will speak up for myself and others.**

**\*\*\*I have a commitment to concussion recognition and reporting to a designated person (ie. coach, parent), and/or if I think that another individual may have sustained a concussion. Any signs or symptoms player must STOP playing.**

**\*\*\*I understand that if I have a suspected concussion, I will be removed from playing 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 play. If I have been diagnosed with a concussion I understand I must provide this information to all of my coaches and teachers or instructors.**

**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 protocol.**

**\*\*\*I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to sport.**

**\*\*\*I will respect my coaches, parents and health-care professionals regarding my health and safety.**

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

**Player Name:** \_\_\_\_\_

**Parents/Guardian Name:** \_\_\_\_\_

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