![C:\Documents and Settings\Owner\Local Settings\Temporary Internet Files\Content.IE5\LBS12E2R\image001[1].gif]()PROVINCIAL WOMEN’S SOFTBALL ASSOCIATION 2024 CONCUSSION CODE OF CONDUCT

# CONCUSSION CODE OF CONDUCT FOR PLAYERS, PARENTS, COACHES, UMPIRES, DIRECTORS, & SUPPORT PERSONNEL

**I will help prevent concussions through my:**

* Efforts to ensure that Athletes wear the proper equipment and wear it correctly.
* Efforts to help Athletes develop their skills and strength so they can participate to the best of their abilities.
* Respect for the rules of softball or activity and efforts to ensure that the athletes do, too.
* Commitment to fair play and respect for all (respecting coaches, umpires, support personnel and all participants and ensuring my athletes respect others and play fair).

# I will care for the health and safety of all participants by taking concussions seriously. I understand that:

* A concussion is a brain injury that can have both short- and long-term effects;
* A person doesn’t need to lose consciousness to have had a concussion;
* An athlete with a suspected concussion should stop participating in training, practice or competition immediately;
* Continuing to participate in further training, practice or competition with a suspected concussion increases a person’s risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death;
* I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion;

# I will create an environment where participants feel safe and comfortable speaking up. I will:

* Lead by example. I will tell a fellow coach, umpire, support personnel and seek medical attention by a physician or nurse practitioner if I am experiencing any concussion symptoms;
* Encourage athletes not to hide their symptoms, but to tell me an umpire, a coach, support personnel, parent or another adult they trust if they experience any symptoms of concussion after an impact;
* Understand and respect that any athlete with a suspected concussion must be removed from sport and not permitted to return until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared to return to training, practice or competition;
* For coaches only: Commit to providing opportunities before and after each training, practice and competition to enable athletes to discuss potential issues related to concussions;

# I will support all participants to take the time they need to recover.

* I understand my commitment to supporting the return-to-sport process;
* I understand the athletes will have to be cleared by a physician or nurse practitioner before returning to sport;
* I will respect my fellow coaches, umpires, support personnel, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of our softball athletes.

# I will help prevent concussions, through my:

* Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct.

**By signing, typing your name and other information and checking the “I Agree” check box with an “X”, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct**

|  |  |  |  |
| --- | --- | --- | --- |
| **Association:**  | **Date:**  |  |  |
| **Name:** | **Position:** | **☐** | **I Agree** |