



ROW ONTARIO CONCUSSION CODE OF CONDUCT
Athlete and Participant Form

In recognition of the potential seriousness of a concussion, I, (print name) _____
commit to abide by the following concussion protocols and expectations.

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, umpires and volunteers.

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 the head, face, 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 suffered a concussion;
- I have a commitment to concussion recognition and reporting;
- If I think I might have a concussion I should stop participating in further training, practice or competition immediately and tell a coach or medical personnel;
- If I think another athlete has a concussion I should tell a coach or medical personnel immediately;
- Continuing to participate in training, practice or competition with a possible concussion increases my risk of more severe injury, longer lasting symptoms, and increase my risk of other injury.

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, official, parent or trusted adult if I experience any symptoms of a concussion;
- If someone else tells me they are experiencing concussion symptoms, or I see signs they might have a concussion, I will tell a coach, umpire, official, parent or trusted adult 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 of sport with my educational institution and any other sport organization where I am registered.

If diagnosed with a concussion, I will take the time I need to recover, because it is important for my personal health and well-being:

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

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

Parent/Guardian Signature (if participant 17 years and under): _____

Athlete/Participant
Signature: _____

Date: _____

Row Ontario, Unit 40, 129 Hagar Street, Welland, Ontario L3B 5V9

Website: www.rowontario.ca

Phone: (289)-778-0750

Email: info@rowontario.ca