



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

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