




ONTARIO SOCCER  
7601 Martin Grove Road, Vaughan ON, L4L 9E4  
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## 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.



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

Athlete Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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


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

If your sport organization has adopted policies regarding (a) zero-tolerance (b) mandatory disqualification for illegal play that is considered high risk for causing concussions and (c) escalating consequences for violation of the Concussion Code of Conduct, please read and commit to the following section. If the following section does not apply to your sport organization, please disregard.



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

- \* Commitment to zero-tolerance for prohibited play that is considered high risk for causing concussions\*
- \* Acknowledgement of mandatory expulsion from competition for violating zero-tolerance for prohibited play that is considered high risk for causing concussions (Meaning: I will be disqualified/expelled from play if I violate the zero-tolerance policy). \*
- \* Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct.

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

**Athlete Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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

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

