Smiths Falls Curling and Squash Club Concussion Code of Conduct for Coaches and Team Trainers

PLEASE REVIEW THE FOLLOWING USING THE LINK DIRECTLY BELOW. AFTER COMPLETION, PLEASE SIGN AND PRINT THIS ENTIRE DOCUMENT, AND RETURN TO SMITHS FALLS CURLING AND SQUASH CLUB ADMINSTRATOR.

Rowan's Law: Concussion Awareness Resources | ontario.ca

Thank you for completing your review of the Concussion Awareness Resource.

- · Under Rowan's Law, your sport organization will ask you to confirm that you reviewed one of the Concussion Awareness Resources in this website (Ontario.ca/concussions) before you can register/participate in a sport.
- · You must review one of the resources once a year, and then confirm that you have completed the review every time you register with a sport organization. If you want to use this form to show that you have reviewed the concussion awareness resource, you can provide the completed form to your sport organization(s).
- · If you would like to have a record of your review of the concussion awareness resource, you can complete this form and keep it as a receipt to remind you of the date on which you reviewed it.
- · Once you complete this form, you can save it (to your personal device/computer) or print this page to share with your sport organization and/or to serve as a reminder of when to review the Concussion Awareness Resources again next year.

I can help prevent concussions through my:

- Efforts to ensure that my athletes wear the proper equipment and wear it correctly.
- Efforts to help my athletes develop their skills and strength so they can participate to the best of their abilities.
- Respect for the rules of my sport or activity and efforts to ensure that my athletes do, too.

 Commitment to fair play and respect for all (respecting other coaches, team trainers, officials 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 blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a concussion.
- 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**.
- 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. *
- 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 will create an environment where participants feel safe and comfortable speaking up. I will:

- Encourage athletes not to hide their symptoms, but to tell me, an official, parent or another adult they trust if they experience any symptoms of concussion after an impact.
- Lead by example. I will tell a fellow coach, official, team trainer and seek medical attention by a physician or nurse practitioner if I am experiencing any concussion symptoms.
- 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, team trainers, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of my athletes.

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

Coach/Team Trainer:	
Official:	
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.

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 zerotolerance for prohibited play that is considered high risk for causing concussions.
- Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct. *