

# South Huron Soccer Club Concussion Code of Conduct

## ATHLETES & PARENTS/GUARDIANS

### 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
- ❑ 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:

Parent/Guardian:

*(of athletes who are under 18 years of age)*

Date:

**HIT. STOP. SIT.**