



PARENTS AND PLAYERS

ROWAN'S LAW CODE OF CONDUCT

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| Athlete first and last name (please print): | |
| Division: | |

The Rowan's Law concussion awareness rules came into effect on July 1, 2019. Sport organizations must require that athletes under 26 years of age well as their parent/guardian (for athletes under 18), provide confirmation that they have reviewed the sport's organization Concussion Code of Conduct every year before play.

Failure to do so will prevent the player from participating in play.

Please read the following carefully and check each box

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.
- 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.)*

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 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.

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| By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct. | |
| Athlete first and last name (please print) | |
| Athlete signature: | |
| Parent/Guardian first and last name (please print) <i>Required only if athlete is under under 18 years of age</i> | |
| Parent/Guardian signature: <i>Required only if athlete is under under 18 years of age</i> | |
| Date: | |